

The Font



ST VINCENT'S
HOSPITAL
MELBOURNE

*Inspired by
You*



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Create a miracle
this Christmas

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Working together
to provide hope

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Improving triage
in palliative care



Message from the CEO

Christmas is an important time of year – a time to catch up and celebrate with our families, friends, and communities. In this edition of the Font we bring you stories that paint an inspiring picture of how the care of our dedicated clinicians has led to renewal and hope among our patients.

Sarah's story is particularly moving. Sarah faced the prospect of heading home for Christmas and breaking the news to her family that she had been diagnosed with Chronic Lymphocytic Leukaemia, an incurable cancer. However thanks to Associate Professor Con Tam and his team, who were pioneering two new drugs that are highly effective in treating leukaemia, she has had a miraculous turnaround. With the fear of cancer behind her, Sarah is getting married and is looking forward to a bright future with her partner. You can read more on page 3.

Rachana Tamrakar and husband Dhiraj also have a lot to celebrate this Christmas. Rachana spent two months in our palliative care ward with advanced renal cancer, but with a positive outlook and tailored care by a multidisciplinary team, Rachana will be able to spend Christmas at home with Dhiraj and their two sons. Rachana's recovery so far has surprised everyone and she will find out in January if her cancer is in

remission. You can read Rachana's story on page 4.

Elaine Robinson got the best Christmas present she could hope for when she underwent the first islet cell transplant in December 2007 to treat the dangerous hypoglycaemic events caused by type 1 diabetes. On page 9, we celebrate the 10 year anniversary of the islet cell transplant program, which has stabilised the blood sugar of 50 patients, in many cases eliminating the need for daily insulin injections.

Everyone on the St Vincent's team is committed to serving something greater, seeing something greater, and striving for something greater. Ours is an exceptional community of care, and I would like to thank every member of staff for their dedication, talent, and goodwill over the past year. And to our patients and families, who we are all here to serve, I say a very warm thank you for entrusting us with your care and accepting our hospitality.

I wish you all a safe and happy Christmas and New Year.

Angela Nolan
Acting Chief Executive Officer
St Vincent's Hospital Melbourne

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'I'm in Year 4 at Melbourne Grammar School. I came to St Vincent's to sing Christmas carols for patients along with other students from my school. Some people can't celebrate Christmas because they are in hospital so we brought Christmas to them. We sang nice carols to make them feel good. They actually felt great – I could tell by their facial expressions.'

— Asha, Melbourne
Grammar School

Christmas is just around the corner...

Purchase a variety of beautiful Christmas cards from St Vincent's Foundation office.

100% of the proceeds will go to St Vincent's Hospital.

Location: Ground Floor Building B, rear 55 Victoria Pde, Fitzroy

St Vincent's Hospital Melbourne is proud to be part of the St Vincent's Health Australia group, which is the second largest health and aged care provider in the country. SVHA's mission is to bring God's love to those in need through the healing ministry of Jesus. We are guided by the values of compassion, justice, integrity, and excellence.

Create a miracle this Christmas

When Sarah was diagnosed with Chronic Lymphocytic Leukaemia (CLL) in 2015 at the age of 27, she was initially told there was nothing doctors could do except to wait until the leukaemia got worse.

But thankfully Associate Professor Constantine Tam, Director of Haematology, was able to assist, placing Sarah on a 'world-first' clinical trial pioneered here at St Vincent's that is showing impressive results for cancer patients.

CLL is an incurable cancer that develops slowly in the blood and bone marrow. It is the most common form of leukaemia in adults, affecting about 1,500 Australians every year.

When Sarah was first diagnosed, she became very anxious about the potential side effects of treatment, such as chemotherapy and bone marrow transplant.

'When I heard I might have to have chemotherapy, so many worries and thoughts came to mind,' Sarah says. 'I was scared about the risk of developing a secondary cancer and the fact the chemotherapy wasn't a cure for my cancer.'

Chemotherapy is a crude method to kill cancer cells, and can have life changing side effects. For Sarah, who was engaged to be married, there was a substantial risk that she would be made infertile by



chemotherapy, impacting her future and the chance of starting a family.

More concerning, chemotherapy damages the genetics of normal cells, potentially causing other cancers to develop, even many years down the track.

A/Prof Tam heard about Sarah's situation and stepped in to help. A/Prof Tam and his team were pioneering two new targeted drugs that are highly effective in Sarah's type of leukaemia.

'These drugs block vital survival pathways that the cancer cells depend on to survive, and are highly precise in their action,' A/Prof Tam says.

'We developed a new combination treatment with Ibrutinib and Venetoclax, the most powerful targeted drugs we have developed to date.'

'Together they offer the promise of achieving deep disease remissions, possible previously only with chemotherapy. Sarah is one of the lucky ones and is one of 14 patients enrolled on this clinical trial in Melbourne.'

In November 2016, nearly a year after her diagnosis, Sarah commenced her life changing treatment, with tremendous results.

THREE EASY WAYS TO DONATE

1. Visit us online: www.stvfoundation.org.au/sarah
2. Call our donation line: 03 9231 3365
3. Drop into our office: St Vincent's Foundation Office, Ground Floor, Rear, 55 Victoria Parade (next to Courtyard 55 Café)

'Sarah's glands started to shrink within a week of being on the trial and her bone marrow biopsy showed that the cancer, which previously occupied most of Sarah's marrow, was reduced to less than one per cent,' A/Prof Tam says.

In January, Sarah will find out whether the cancer has been reduced to a level no longer detectable by current technology – a true complete remission.

With the fear of cancer behind her, Sarah is getting married and is looking forward to a bright future with her partner.

This Christmas we are raising funds for this world-leading, cutting-edge cancer treatment. We have an opportunity to expand this trial to help many more cancer sufferers live healthy and wholesome lives. Please support St Vincent's Hospital this Christmas.

– A/Prof Constantine Tam

Working together to provide hope

Rachana Tamrakar doesn't remember being transferred to the palliative care ward at St Vincent's in September. The mother of two was unconscious and rapidly deteriorating after renal cancer had taken over her body and left her in agonising pain.

'I was in a haze,' Rachana says. 'The cancer had spread to my spine and I was in so much pain.'

Upon referral, the palliative care and oncology teams began working together, enlisting the help of their radiology and anaesthetics colleagues also, looking at different medications and procedures to control Rachana's pain and prescribing a new immunotherapy agent to provide relief.

Throughout the whole ordeal husband Dhiraj has been by her side. A few weeks into her stay, Rachana was transferred to a single room, with space for a trundle bed. Dhiraj has slept at the hospital ever since.

The couple never gave up hope. Thanks to the couple's positive outlook, and the combined efforts of oncology and palliative care, Rachana has gradually and unexpectedly improved.

However there was a night in early October when Dhiraj admits he thought Rachana may not make it through the night.

'There was a night when I thought it would be the last,' Dhiraj says. 'After that night she improved each day.'

'At first, I was the only one who noticed a change,' Dhiraj says. 'But then after two weeks she was getting better day by day, and the doctors started engaging the physio, started engaging the dietitian and the rest of the team.'

Reflecting on her time at St Vincent's on the day Rachana finally gets to go home, she is thankful for the way the various treating teams worked together.

'The oncology team and palliative care teams have worked really hard together. They consult each other, and us, to determine a plan. They discussed everything with us in detail.'

'The nursing staff are awesome, literally awesome,' Dhiraj adds.

Rachana's recovery has surprised everyone, and Palliative Care Consultant Dr Beth Russell says it's important for clinicians to keep listening and keep setting appropriate goals.

'Rachana's case is an example of very tailored, integrated care,' Dr Russell says. 'When you get a lot of different disciplines involved in a patient's care early, you can solve problems in different ways and keep reassessing.'

'Even when she was very sick, Rachana and Dhiraj remained hopeful, so it was about trying to make small victories in a very difficult situation. Then as she achieved more and more, you can then reassess and hope for more.'

'When you get a lot of different disciplines involved in a patient's care early, you can solve problems in different ways and keep reassessing.'

Excited at the prospect of going home and spending time with her two sons, aged 13 and 6, Rachana has re-evaluated and set another goal.

'My children are desperately waiting for me at home,' Rachana says. 'Every day they ask, are you coming home soon... they are very excited. My next goal is to lead a normal life – doing shopping and taking my kids to school. We will take small steps.'

Rachana will undergo scans in January to see if the cancer is in remission.



Improving triage in palliative care

According to St Vincent's Palliative Medicine Consultant Dr Beth Russell, triage in palliative care can be a real clinical problem.

'If you have only got one bed left on the palliative care ward, or if you have got time to do only one home visit for the day, but you have got lots of referrals, who should you see first?' Dr Russell asks.

'Should you see the person who is imminently dying with a stroke? Should you see the person who has cancer with out of control pain? Should you see the person who is deteriorating with heart failure at home and not able to walk to the bathroom anymore? Or should you see the person who has high care needs and their carer is exhausted and unable to cope?'

Currently, there is no systematic way of comparing one patient's palliative care needs against another but that's about to change. Dr Russell has spent the last three years developing a world-leading palliative care decision-making tool.

'The tool will ensure that we are transparent, equitable, and that we are making every effort to make sure that the person who has the most urgent needs gets seen first,' Dr Russell says.

The research was done with a qualitative study involving focus groups and interviews with palliative care providers, clinicians, bereaved carers and consumer representatives. From that, the team worked out seven factors that are important when assessing the urgency of patient needs.

Over 800 clinicians from all over the world also participated in an online experiment, which Dr Russell says reflects how important clinicians consider the issue of triage to be. The results from the study underwent complex statistical analysis to generate a scoring system for the triage tool.

Doctors now have a tool that easily gives each patient a score which can be compared with another patient to determine the urgency of their need.

'We think it will change palliative care practice across Australia and worldwide,' Dr Russell says. 'Facilitating equitable access to care is in line with St Vincent's Mission and we're very confident that this will improve access to palliative care for all people depending on their need.'

The tool is set to be implemented in the new year.

Run in your PJ's in support of St Vincent's Hospital

Now in its sixth year, the St Vincent's Fun Run is a fun community event bringing together hospital supporters, past patients, staff, families and friends.

This year we are shaking things up by introducing a new theme to support our patients – Pyjamas! You can now run in your pyjamas with a prize for best dressed on the day.

All levels of fitness are welcome. You can walk or run for 3km, 6km and 9km as an individual or a team.

There will be free entertainment you can enjoy on the day with face-painting, food trucks, a jumping castle and a petting zoo.

To mark our 125th birthday we want to raise \$125,000 to help us provide the very best healthcare to thousands of Victorians each year.

So why not pull on your PJ's and support St Vincent's Hospital? Register now to receive the super early bird discount.

Date: Sunday 15 April 2018

Location: Princes Park, Carlton North

Price: Normally \$35 but get in quick and pay \$20 with our super early bird discount (running for a limited time only)

Register at www.stvincentsfunrun.org.au



Neil Cunningham: caring for our clinicians



St Vincent's strives to consistently provide the highest standards of health care of our patients, by ensuring our staff are fully qualified and have ongoing support to develop their skills and knowledge.

Highly respected clinical educator Dr Neil Cunningham was recently recognised for the valuable role he plays in supporting the education and training of junior doctors with the Postgraduate Medical Council of Victoria 2017 Clinical Educator of the Year.

Dr Cunningham has made a significant contribution to teaching and learning in the workplace setting, improving junior

medical staff rostering, been involved in the development and delivery of numerous education programs and provided supervision and support for students and staff undertaking research.

Dr Cunningham also took on the significant role of Clinical Director of the inaugural St Vincent's Ethos program, with the aim of building an even better workplace culture by providing staff with the opportunity to reflect on appropriate behaviours in the workplace.

Dr Cunningham was nominated by one of St Vincent's junior doctors, Michael Maclsaac, because of the outstanding contribution he has made to the experiences of junior medical staff.

'Neil is widely recognised for his approachable and friend nature, honesty and commitment to supporting junior doctors' Dr Maclsaac says. 'He works tirelessly to improve the day-to-day experiences of junior medical staff, constantly seeking feedback about important issues and advocating on our behalf.'

'Neil is widely recognised for his approachable and friend nature, honesty and commitment to supporting junior doctors'

'He is also a fantastic teacher and clinician. Despite working in a busy unit, he always takes the time to teach, support and provide feedback in the clinical setting. He is an exceptional role model and inspiration to all St Vincent's staff.'

The title of Victorian 2017 Clinical Educator of the Year is evidently well deserved!



Congratulations Neil. Our junior medical staff are so fortunate to have such an inspirational mentor and educator.

Tiffany Plummer



Endocrinologist David O'Neal has been made a full professor by the University of Melbourne. This distinguished professional appointment is in recognition of Professor O'Neal's excellent work on applying technology to improve the lives of people with type 1 diabetes.



So proud and honoured to be a patient of such a dedicated, gentle, caring and funny man. Congratulations David.

Margaret Markovic

Congratulations David, such a lovely man

Margaret Maslin

A heartfelt thanks to our Cardiology Nurse Ambassadors

Cardiac nurses Jane Notman, Claire Gibbs and Cardiology Nurse Unit Manager Jane Taylor have been awarded the 2017 Heart Foundation President's Award for their work on the Heart Foundation Nurse Ambassador Program.

This annual award recognises those who have made a significant contribution to improving heart health for patients with acute coronary syndrome. The team worked tirelessly over a three year period educating patients about their condition and how to recover, promoting the importance of cardiac rehabilitation, referring patients to a local cardiac rehabilitation program and supporting all members of their nursing team to have similar knowledge and skills.

'We really appreciated the opportunity to be involved in this fantastic project,' said Jane Notman. 'After attending the educational meetings and forums we were then able to make improvements on our ward including education check lists and better resources that suited our patients.'

'It has been a satisfying experience to see the transformation in patient education and receive positive feedback from our patients.'

Heart Foundation Victoria Nurse Ambassador Program Manager Amanda Jennings said the team has worked with energy and enthusiasm to improve education given to patients and increased referrals to cardiac rehabilitation programs.

'Importantly, the team has identified gaps in the available resources for patients and staff and worked with the Heart Foundation to develop novel and appropriate solutions,' Amanda said.



'It has been a satisfying experience to see the transformation in patient education and receive positive feedback from our patients.'



We congratulate our Director of Neurology Professor Mark Cook on being inducted as a Fellow in the Australian Academy of Health and Medical Sciences. Professor Mark Cook's election to the Fellowship of the Academy recognises his sustained contribution and leadership in medical research over a 25-year period.



Congratulations Mark. Your research has made a profound difference to the lives of so many. You very much deserve this recognition.

Sharon Ker



93-year-old Kath Grace has a long association with our hospital. Her husband, Radcliffe Grace, was the CEO of St Vincent's for over 40 years, becoming the CEO at only 25 years of age! Kath recently returned for her first visit back to the hospital in three years and her visit has been a nostalgic one.

'The hospital is of great interest to my family. My daughter was born here and both my mother and husband spent their final days here. Also, my eldest sister, Sr Mary Kennedy, was a Sister of Charity spending her retirement at the St Vincent's Convent. I have watched the hospital change and grow over the years and I am grateful for its marvellous work.'

Improving Emergency Access



At St Vincent's, 47% of our Emergency Department patients arrive between 12pm–8pm, which can cause major delays for some patients.

Throughout 2017, our ED staff have undertaken a project to look at care through a patient care lens, improving the experience for patients and reducing the time spent waiting.

St Vincent's is one of 11 health services invited to participate in the Emergency Access Collaborative funded by Better Care Victoria, a DHHS project that is funding innovation efforts across the health system.

The Emergency Access Collaborative takes a whole-of-health service approach to addressing constraints in patient flow impacting on ED performance and has two objectives; to improve four hour length of stay performance and to reduce overall ED length of stay.

'The lessons learnt and experiences from the Collaborative will be shared more broadly across the health sector, encouraging the scale and spread of good practice.'

We have trialled and implemented three key initiatives in ED, which have resulted in more timely patient care, while accommodating a sustained increase in demand.

- Rapid Assessment Team (RAT) – senior up-front decision making in the ED
- Admitting Gen Med Team – additional registrar during periods of high demand
- Fast-track 24/7

We created a Rapid Assessment Team (RAT), comprising a senior ED Consultant and Nurse, with 'virtual cubicles' for early medical assessment and initiation of treatment. Average time to treatment dropped by 40%, from 35 minutes to 21 minutes.

To improve the experience for patients being admitted to General Medicine, where average wait times to admission were 161 minutes, we created an Admitting Gen Med Team, resourced with two additional General Medicine registrars during the high demand time of afternoons, which meant patients are getting to their wards in 27 minutes, an 83% improvement.

The allocation of a dedicated overnight registrar and nurse to the Fast-Track area delivered a major boost for patients, with the average time to treatment dropping by up to 65%, from 103 minutes to 36 minutes.

Results to date have been positive. Overall, annual four hour length of stay performance for 2016-17 improved to 69.5%, compared to 65% in 2015-16, with presentation numbers 5-6 per cent higher.

The lessons learnt and experiences from the Collaborative will be shared more broadly across the health sector, encouraging the scale and spread of good practice.

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Celebrating a breakthrough for type 1 diabetes patients

For the 130,000 Australians living with type 1 diabetes, a condition that destroys the pancreas leaving sufferers unable to produce insulin, regular hypoglycaemic events can be a dangerous side-effect.

Commonly known as hypos, they are caused by low blood sugar levels, with symptoms including palpitations, tremors and sweating. Patients must adhere to a strict diet, test their blood sugar levels with multiple finger pricks each day and rely on injections to give their body the insulin it needs to function normally.

'Some patients develop 'hypoglycaemic unawareness',' says transplant physician and nephrologist Associate Professor David Goodman. 'Their body can quickly progress to unconsciousness, risking coma or even death.

'You never know when a hypo will come on and there is no way to test for it. As a consequence, many patients with type 1 diabetes require someone with them around the clock.'

For Elaine Robinson, it was getting to the point where she was experiencing multiple hypo episodes a day. Her husband Geoff thought he may have to retire in his early 50s to take care of her.

'I could never be late anywhere or everyone would just assume that I had collapsed somewhere,' Elaine says. 'My friends and family were only trying to help, but I totally lost my independence.'

Elaine's life changed dramatically in December 2007, when she was the first Victorian to undergo a life-changing islet cell transplant treatment at St Vincent's. The procedure involves transplanting islet cells from a donor pancreas into the patient's liver, where they begin to produce insulin.

Elaine was given two transplants at three months apart and monitored closely for signs of insulin production. Two weeks after the second transplant, Elaine was off insulin.

Ten years on, the procedure is now part of clinical practice. 50 transplants have been performed across the country, 14 of them at St Vincent's.

'50 per cent of patients are still off insulin up to five years after their procedure,' says A/Prof Goodman.

St Vincent's now has a purpose-built islet isolation facility where a team of scientists conduct the painstaking work of extracting islets from donor organs.

'It takes scientists eight hours to isolate the islets and examine them carefully. They are extracted the same day as the organ is donated and transplanted within 24–48 hours,' A/Prof Goodman says.

Elaine experienced four years off insulin, before complications from rheumatoid arthritis took their toll on the islets. However the lasting positive effects of the procedure remain.

'I've got my hypo awareness back – I can correct my blood sugars in time. I feel like I've gained some freedom.'

Elaine is open to the possibility of undergoing a new transplant, but for the time being she is waiting for the right moment and focussing on controlling her hypos.

'I've tried to have the same routine and eat all the same things at the same time, and I still have wildly different readings,' Elaine says. 'All you can do is find a good endocrinologist who you trust, and be rigid and not skip anything. Even then, you don't always get it right.'

'50 per cent of patients are still off insulin up to five years after their procedure.'



'Working in a Dublin hospital in 1986, I saw on the noticeboard one day that they were looking for nurses in Australia. I applied for a position and eight weeks later I was on my way to Melbourne to work for St Vincent's. Two nuns picked me up from the airport and I remember them being very welcoming and friendly. Shortly after that I joined the Dialysis Unit and have been a member of the dialysis team ever since. I was so impressed by how the Sisters looked after the staff. It was wonderful then, it is wonderful now. I love St Vincent's.'

– Monica Kelly

Antibiotic awareness

Most patients will be prescribed an antibiotic at some point of their hospital admission. Statistics show that across the world up to 50 per cent of antibiotics in hospital are inappropriately prescribed, perhaps prescribed for too long or the wrong type of antibiotic.

Every year, Australian hospitals undertake an audit that assesses the quality of antibiotic prescriptions. This year St Vincent's had only seven per cent of prescriptions assessed as inappropriate, far below the national average of 25 per cent.

This is due to dedicated pharmacists, such as Yves Lorenzo, who help clinicians prescribe the antibiotics appropriately.

Of particular concern are superbugs, and any patient who is unfortunate enough to be infected with a superbug is

seen immediately by Infectious Diseases specialists and a specialist pharmacist.

'As an antibiotic specialist pharmacist, my role is to make sure our patients get the best treatment available,' Yves says.

'We have a lot of expertise in how to control the spread of superbugs and how to treat them,' Yves says. 'Although still relatively rare, superbug infections are extremely difficult to treat because there are very limited antibiotic options. Many have severe side-effects and because they're not used much, many doctors don't know how to use them properly.'

'We have some of the most effective antibiotics developed against superbugs, most of which are not even available in Australia. My team will tailor treatments specifically for the patient and

the superbug to ensure they receive the most optimal and safe treatment.'

How to fight antibiotic resistance:

- Don't expect an antibiotic to help you recover faster from a viral infection such as cold or flu. Rest and hydration are more effective
- If your doctor does prescribe you an antibiotic, make sure you take the course as instructed. If you forget the instructions or you have questions, never hesitate to contact your doctor or local pharmacy for advice.
- Bacteria, can be transmitted from person to person and the simplest way to stop the spread is by practising good hygiene.

ICU... a credit to you

Following a number of serious harm pressure injuries, the Intensive Care Unit (ICU) began an improvement project to reduce pressure injuries.

A pressure injury, also known as a bed sore or ulcer, is an area of skin that has been damaged due to unrelieved and prolonged pressure. Pressure injuries can negatively impact on a patient's physical, psychological, emotional, social and financial wellbeing and extending hospital length of stay (LOS).

Led by Nurse Unit Manager Philippe Thomas and Clinical Practice Improvement Nurse Renae O'Toole, the project has built a stronger culture of pressure injury prevention and provided a significantly higher standard of health care for our patients.

After analysing data of patients in ICU, the team introduced a skin round and an education program, resulting in a steady decline in serious harm pressure injuries. There has been no serious harm injuries over the last six months.

'We found there was often a misconception or fear associated with turning people who were too unwell. However this cohort of patients were also identified as being at the greatest risk of developing pressure injuries,' says Philippe.

The ICU team set themselves an ambitious target of reducing by half, the number of pressure injuries on patient buttocks.

The Skin Round, which includes management staff, skin champions and wound care consultants, builds a culture that viewed pressure injury prevention as important. The rounds provide bedside education on a

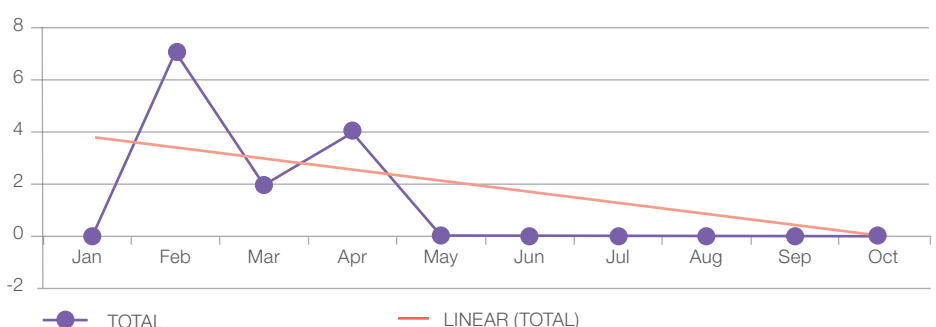
number of issues relating to pressure injury prevention.

The second initiative was an education program that concentrated on patient positioning and repositioning, developed with ICU patients in mind.

There were immediate benefits following the introduction of both initiatives, notably the reduction in number of pressure injuries.

'The next step will be to undertake a retrospective study of patients who developed a serious harm pressure injury to identify extreme risk factors that will inform targeted prevention strategies,' Philippe says.

ICU Hospital Acquired Serious Harm Pressure Injury 2017



Investigating new ways to identify and prevent Diabetic Kidney Disease



Diabetic kidney disease is now the leading cause of end-stage kidney disease in Western countries, requiring either dialysis or a kidney transplant. Over half a million Australians are predicted to develop diabetic kidney disease by 2025.

Although it is difficult to identify which patients with diabetes will develop progressive kidney disease and there is currently no preventative treatment, research carried out by St Vincent's Endocrinology Department is making some exciting progress.

Thanks to funding from the Shepherd Foundation, Ethel Herman Charitable Trust and Isobel Hill Brown Charitable Trust, this important issue is being investigated by a team led by Prof Richard Maclsaac, Director of Endocrinology and Diabetes, is leading a team investigating this important issue.

The team studied the activity of naturally occurring molecule sTNFR1, also known as a biomarker, which is produced as a result of inflammation, as well as uric acid, produced from the natural breakdown of food and cells in the body.

In a world first, the team has demonstrated that both uric acid and early increases in sTNFR1 can

be associated with deterioration in kidney function.

'Levels of sTNFR1 were measured in both patients with stable kidney function and patients whose kidney function was declining,' Prof Maclsaac says. 'Uric acid rates were studied alongside a decline in kidney function and death related to kidney disease.'

'We still need to rule out other potential factors in the deterioration of kidneys before this research progresses towards use in everyday medicine, however identifying potential indicators of progressive kidney disease and starting treatment at an earlier stage has the potential to help tens of thousands of people worldwide.'

We are very grateful to the Shepherd Foundation, Ethel Herman Charitable Trust and Isobel Hill Brown Charitable Trust for their support for this project.

St Vincent's Hospital 'Discovery Tour' for supporters

In October, St Vincent's staff had the pleasure of being joined by 20 of our loyal supporters on a behind-the-scenes 'Discovery Tour'.

This special group of supporters, who have given generously to the hospital over many years, were taken on a unique tour of the Education Centre, hosted by Clarissa Torcasio and Matt Williams.

A highlight of the visit was meeting 'Vincent', the state-of-the-art simulation mannequin who can breathe, speak and undergo tests. It was a fascinating demonstration, seeing firsthand how the emergency and ICU departments operate.

We are planning more events for the New Year and places are limited, so please contact events@svha.org.au for more information about upcoming events.



Thank you to our supporters

If it wasn't for the generous support of the community we wouldn't be able to purchase new equipment, improve patient health care, drive cutting-edge research or educate our new generation of clinicians.

Here are some of the projects our generous supporters funded this year:

- A 'world first' research trial which has revolutionised the way we treat neurological diseases
- Provided vital equipment for the ICU department which will significantly improve the number

of positive outcomes for ICU patients and their families

- The Dry July fundraisers funded a scalp cooling cap, which reduces the risk of hair loss during chemotherapy. Dry July donations will also be used to purchase patient comforts

This wouldn't be possible without the communities support and help. Thank you from all the patients and staff at St Vincent's Hospital.

Have a safe and happy festive season!

Wills Seminar

Do you have questions about how to draft or change a will?

St Vincent's Foundation recently hosted an event with expert Malcolm Campbell, Director of Nicholas O'Donohue and Company, who highlighted the complexities of drafting a will and what you should consider before getting started.

Some of the life circumstances that may prompt you to consider drafting or redrafting your Will are marriage or divorce, birth of children or grandchildren, sale of a property, guardianship and power of attorneys.

If you would like an information pack or you would like to register your interest for future events please email sue.worland@shva.org.au.

Opera in the Market

Every year, for one night only, Australian Music Events and St Vincent's Hospital transform the Queen Victoria Market into one of Melbourne's most spectacular and iconic fundraising events, Opera in the Market.

Indulge in the drama with the Opera in the Market Tenor extravaganza.

On Monday 5 March 2018, the historic Queen Victoria Market will be transformed into a theatre like no other - the famous fruit and veg stalls will make way for front stalls as Opera in the Market takes centre stage. You'll enjoy all the drama and spectacle of some of the world's favourite operas as you indulge in a compelling mix of food, wine and entertainment.

With 2018 presenting a trio of epic proportions, the three tenors - Mark Vincent (My Fair Lady & Australia's Got Talent), Shanul Sharma and

Nicholas Jones (Opera Australia) will be accompanied by a 50 piece orchestra, a 100 voice choir and Opera Scholars Australia, with the evening conducted by popular ABC presenter Guy Noble.

In conjunction with the celebration for the St Vincent's Hospital Melbourne 125th birthday and our tenth Opera in the Market, 2018 promises to be an event truly not to be missed.

St Vincent's Hospital Foundation receives a donation from every ticket sold, so whether it's your first time attending or you're a seasoned spectator, come along and support a great cause with a fantastic evening of entertainment.

Tickets for general admission are now on sale and further details can be found at www.operainthemarket.com.au

For corporate hospitality enquiries or volunteering opportunities please contact Foundation on 03 9231 3287.



**ST VINCENT'S
HOSPITAL**
MELBOURNE

PO Box 2900 Fitzroy
VIC 3065 Australia
(03) 9231 2211
www.svhm.org.au

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