

# **Branch News – July, 2009.**

## ***Executive Musings.....***

At last we are past the winter solstice and the days are getting longer again. I know a few of our hospitals have been inundated with potential (and actual!) Swine Flu patients, making this a busy(er) winter period.

The presenters for the first Physiology Roadshow are “locked in” and all is on track for a terrific programme in October. Paul Guy, Assoc. Prof. Bruce Thompson and Dr Kevin Gain will be representing the ANZSRS in Hong Kong and we are thrilled that such a terrific group are available for this. Collaborating with the Hong Kong Thoracic Society in the development of this Roadshow has been extremely positive and they have also offered to thank the presenters formally at a dinner with many HKTS Executive members. This has the strong potential to enhance our ties with the APSR and ACCP and hopefully this can only lead to more worthwhile projects within Asia. All ANZSRS members that offered an expression of interest in the Roadshow will work together in developing the presentations, therefore making the preparation for presenting in the future less time consuming. We hope that as this project develops, more members would like to be involved.

That’s all for this month, keep warm and WELL!

## ***Danny, Leigh, and Debbie***

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## ***Board Happenings***

The Board have been continuing to work towards the transition and finalisation of the governance structure for the Society and we have developed a draft document outlining the terms of reference for the Governance committee. The Board has now received feedback from the Governance committee around the draft TOR and communication issues and has redrafted the Governance TOR taking on board the valuable ideas the Governance committee has put forward.

Over the past 3 months the Board and Executive have also been working on the Society's relationship with the TSANZ, the integration of scientific meetings and requests for the professional endorsement of positions of other professional groups.

The Board is aware that there have been concerns from members about the manner and quality of Board communication and we are working to both improve the way we

communicate with the Society, and work with the Board committees to produce information for our Society members.

We are also considering the requirements of the Society going forward and the need to involve other interested persons, particularly the younger members of the Society, more actively in Society affairs. Additionally, the Board has been discussing the management of Society documentation (By-laws, Rules & regulations, position statements).

This process covers new ground for the Society as the Board now functions very differently than in the past. We genuinely welcome any feedback about the process and hope to encourage more members to get involved in the running of our Society.

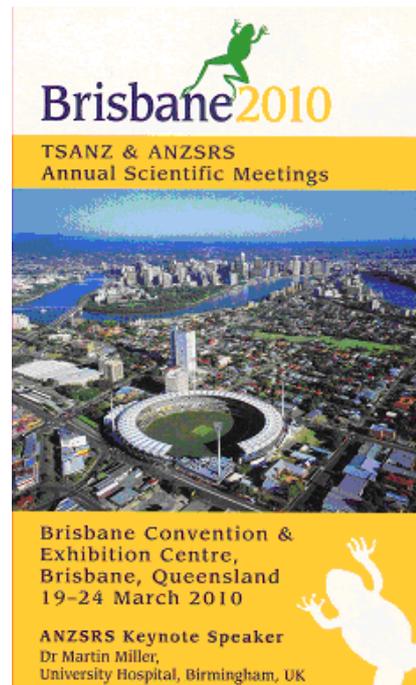
**Mike**

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### ***Annual Scientific Meeting News***

Notice is served that the next Society ASM is Brisbane from 21-24<sup>th</sup> March 2010. This is a preliminary call for abstracts although a closing date has not yet been finalized. Watch this space.

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### ***New South Wales / ACT***

Hi All,

Well another month down now, so where exactly is the year disappearing to? Again not much news to report - really there has been no contact made from the NSW/ACT membership. We must all be feeling the time pressure pinch!

Feedback was positive from those that attended the TSANZ meeting at the Sydney Marriott Hotel on Tuesday 23<sup>rd</sup> June. Approximately 10 NSW ANZSRS members gathered, and whilst we did briefly manage to catch up with each other, all members were busy, happily mingling with the crowd and enjoying the interesting presentations

on the topic of “Respiratory Science”, whilst being wined and dined till well into the evening.

Now an important upcoming date for the diaries .....

Excitingly our next ‘winter’ branch meeting is set for **Wednesday 19<sup>th</sup> August at Sydney Children’s Hospital**, so thanks to the team there, and POW for their efforts in coordinating things to make this happen. I’ll be sending out specific information soon, and hope to see a good group gather!

Whilst on the topic of email communication, I received from the Society last week the updated details of ‘current membership’ and shall be using that as my address book template very soon. Hence if things go pear shaped, and you suddenly seem to be out of the loop and find yourself not receiving correspondence, then send me an email and we can work backwards from that.

My best regards

**Dana**

Dana Watson  
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## ***New Zealand***

Well we are now halfway through the year, past the winter solstice and now on the way into summer. Well maybe I am being premature with the summer, with wet and dreary weather here in NZ it seems only the ducks and the ski enthusiasts amongst us would be enjoying it, while some of us are enjoying settling down with a glass of Central Otago Pinot and a warm fire.

## **Winners**

Last month saw a code word competition. The lucky winners of the chocolate fish were Stephen West from Westmead and Lisa Wilson from Invercargill. The lucky winners should be waiting for the mail as the chocolate fish is on its way.

## **Arrivals**

Wellington Hospital is pleased to announce the appointment of Sam Butler to their team as a trainee Respiratory Scientist. I would like to welcome Sam to the NZ ANSZSRS “family”

## **Lab profile**

This month we are having a visit to the Garden City with the team at Christchurch pitching in with the lab profile.

*In the early 1960’s Dr John McLeod founded the Respiratory Physiology Laboratory at the Princess Margaret Hospital. In 1965 the first Scientific Officer was appointed (no it was not Maureen) and a Lung Function Testing Service was developed which included Spirometry, Bronchodilator Response, Diffusing Capacity Tests, Bronchspirometry, Arterial Blood Gas sampling and Blood Gas and pH analysis.*

*Drs John McLeod and Harold Guy established the Respiratory Physiology 'C' Block Laboratory in 1977. The installation of a PDP11-10 computer allowed computerised testing and enabled the generation of Flow-Volume Loops and more efficient storage of respiratory function test data. The purchase of a Medical Gas Mass Spectrometer made it possible to add 'on-line' Breath-by-Breath Cardiopulmonary Exercise tests, Single Breath Nitrogen Washout tests and Ventilatory Response to Carbon Dioxide testing, to the lung function assessment repertoire. All software was developed and written by Dr Guy with the assistance of laboratory personnel.*

*Canterbury Respiratory Services relocated to Christchurch Hospital in February 1992 and the two Respiratory Laboratories were amalgamated into one. This move accompanied a change in the name of the Laboratory to the 'Respiratory Physiology Laboratory'. The laboratory moved again in 2004 into a purpose built laboratory with architecture input by the*

*scientists. We now overlook the Christchurch Botanical gardens and the world famous in New Zealand Avon River, making for magnificent views from Maureen's office and also for the patients having exercise testing.*



**The World Famous, in New Zealand, Avon River, as seen from the lab**

*In 2005 the laboratory gained Category 4 TSANZ Pulmonary Function laboratory accreditation. We provide Respiratory Function assessment for the Canterbury and South Canterbury Regions as well as the West Coast and Upper South Island.*



### **Team work Canterbury style... or is that rolling seal abuse?**

*The laboratory currently employs 8 scientists, as well as a scientific director, medical director, and an administrative co-ordinator. We are very lucky to have a pool of 4 casual scientists who are able to assist in covering staff leave. 4 of the 5 full time scientists and 2 of the 4 casual scientists have CRFS. The laboratory has an eclectic mix of staff who originate from China, Australia, UK, Germany, South Africa and 2 South Island locals.*

*The laboratory uses mainly Sensormedics equipment with 4 rolling seal spirometers, a Vmax autobox and a portable spirometry service. The laboratory has a Vmax exercise system with a cycle ergometer and treadmill. The laboratory is also the home of "SPOT" our Radiometer ABL820 blood gas analyser.*

*Tests performed in the laboratory include, spirometry (pre and post bronchodilator), Lung Volumes by Plethysmography and N<sub>2</sub> washout, DLCO, MIPS/MEPS, altitude simulation, bronchial challenge (Hypertonic saline, exercise, methacholine and specific antibiotic), CPET, ventilatory response to CO<sub>2</sub>, hypoxic ventilatory drive, MVV, single breath N<sub>2</sub> washout, resting energy expenditure and arterial blood gases.*



*..and of course Russ the sheep had to get in on the act.*

*We enjoy an active and enthusiastic research program including studies into the usefulness of FEV<sub>6</sub>, Paul Kelly is the mastermind of research into the effects of altitude in respiratory patients. Josh Stanton has developed the EZYQC program to allow easy day-to-day management of all that data we collect. Lutz Beckert is the current editor of Respiratory Review. We also work closely with the Canterbury Respiratory research Group.*

*Our teaching activity includes running endorsed spirometry training courses and our participants come from all over New Zealand. On an annual basis, we run workshops for Anaesthetists prior to their Part 1 exam, participating registrars are from New Zealand, Australia and Hong Kong. We also lecture to Medical students, Asthma educators, Physiotherapists and Nurses.*

*We are the resource centre for spirometry teaching and oversight of quality assurance in the community, this is a new community health initiative (2009) designed to bring spirometry tests closer to General Practice.*

*The laboratory is also home to a unique ecosystem known as 'Maureen's office', where it might still be possible to find the original documentation of the laboratory. We are also the proud owners of what one can only describe as a museum of old equipment, Maureen always believes you never know when it may come in handy, even if it is just to show off!*

*Besides being an active place to work we are also the gateway to the best skiing, the best rugby team and best half back in the world. A short drive*

*from the laboratory and you can be either at the sea, in the port hills, skiing on the Alps or enjoying some of the many vineyards scattered around the area.*

### **NZ Branch meeting**

As with the e-mails all NZ members have received I am working like a duck (calm on top, madly paddling under the surface) to get the plans rolling for the NZ branch meeting this year. It is likely to be held late October or early November with a location and date to be announced. If people have a suggestion for topics to be covered or anything they would like at the meeting please get in touch. As a reminder it is the relevance of these meetings that make them a success.

That is all for this month, here's hoping that the All Blacks learn to play better than they did against the French and Italians or we will never be able to show our faces over the ditch.

Until Next month,

**Chris**

Christopher O'Dea

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### **Queensland**

It's already July and at least in the South East we're putting extra blankets on beds, and switching on the heaters, but at least the flooding rains have eased up! Last month's edition showed the far-flung spread of Lab services up the Eastern Coast and the concentration in and around SE Qld. As promised last month, we went seeking volunteers to profile their Lab, and Jo from Rocky obliged, so many thanks Jo. The aim here is to get to know each other better through sharing a little about ourselves. Rockhampton is the main centre for Central Queensland, and lies on the coast about 700 km North of Brisbane. It is the beef capital of Queensland. Close by are the resort areas of Yagoon and Great Keppel Island. Here is Jo's contribution-

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#### ***The Clinical Measurements Department at the Rockhampton Base Hospital.***

*The Department is staffed by two Scientists, a Technician (now we are 3 Health Professionals!) and an Administrative Officer with a Casual scientist for holiday leave. The services we provide cover neurology, cardiology, and respiratory. For Neurological measurements we have a Compumedics profusion EEG system and a Medelec synergy NCS/EP (5 Channel) system and the measures we make are EEG, Sleep-deprived EEG, nerve conduction studies, and visually evoked potentials.*

*For cardiac measurements we use a Philips Holter system and Case EST system and provide measures of a 7 Day event ECG, Holter ECG, Stress ECG, and we perform some ECGs*

*For respiratory measurements we use a Jaeger MasterScreen and a Jaeger Master Pro, Novamatrix and Nonin Oximeters. We perform Spirometry, Lung volumes(Pleth and He Dilution), Gas*

*Transfer(SB), Challenge Tests(Mannitol-preferred and Histamine if needed), Walking tests, and Nocturnal O2 Saturation.*

*We have one cardiologist, no Respiratory Physicians (a medical consultant reports) and no Neurologist!!! We do both in- and out-patient testing which also means we do public and private testing.*

*Jo*

*Joanne Wex*

*Manager / Health Scientist*

*Clinical Measurements CQHSD, QueenslandHealth*

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If you would like to profile your Lab then please let Debbie or I know. This might even help Jo with benchmarking for the provision of respiratory physicians!

On June 24th we had our regular bimonthly local branch meeting. Thanks to those who attended and to the presenters, on the same night as when our State of Origin RL team completely demoralised the NSW cockroaches. Those who were at our meeting were challenged by our three presenters. The first two talks were about the legalities of us medicating the patients that we service. Our branch's Annette Dent presented Part 1, the Process for Respiratory Scientists to Administer Medications in Laboratories. Helen Smart, Nurse Manager for Policy and Procedure from the Brisbane Metropolitan North Health District presented Part 2, Respiratory Scientists Standing Orders Clinical Scope". The conclusions are that if we do not put the correct process in place, then we are in breach of the Federal Health (Drug and Poisons) Regulation Act 1996. Many thanks to Annette and Helen for sharing this with us! We should all be challenged into action!

Our third presentation was by Brenton Eckert who challenged us all to get active into research. Don't leave any issue go uninvestigated. Brenton presented to us an often amusing talk on what is a really a serious subject - "An audit of mortality 5 years post RFT testing". There were possible implications placed on the staff who did the testing. Do you really know your staff?? Many thanks Brenton.

And if you couldn't make the meeting and want to see a DVD recording of it then give us a call. We will be sending out DVDs to those who requested them previously and they should be in the mail soon. Many thanks to Glen and Sean from GSK who kindly sponsor our meetings.

And please note all and Sean and Glen that our next meeting is on Wednesday 19th August at 5:15pm The Brisbane Private Hospital. Our assistant Rep Debbie has offered to present her work on reference value selection. We are looking for an invited speaker for the October 21st meeting, and David J, we are very keen on you coming down out of semi-retirement at Harvey Bay to be our keynote speaker. 😊

Also note that the TSANZ/TSQ Queensland Winter meeting is fast approaching on 18th 19th July. Registration closes very soon and see May's Edition for the details. At least Darren and Andrew are attending from the ANZSRS. So until the next edition, bye for now.

**Andrew Coates**

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## **South Australia**

Associate Professor Tjard Schermer attended and presented at our branch meeting on Monday 29 June. Tjard is currently in Australia, working with Alan Crockett in the Primary Care Respiratory Research Unit, at the University of Adelaide. He discussed a recently completed primary care spirometry trial in the Netherlands titled, '*Effect of e-learning and periodic feedback on spirometry test quality in general practice*'. Much interest and discussion was generated on this topic, highlighting the differences between the system in the Netherlands and here in Australia along with the intervention in the study of providing a training CD and 'technical support and feedback' by lung function technicians.

The standardisation of predicted values across the SA labs was again discussed. It was decided at this stage to use NHANES III values for spirometry and ECCS93 values for static lung volumes and gas transfer in adults. Further input re paediatric values is being sought. Information will be sent to laboratory Directors shortly, and it is expected for the standardisation to occur in early September.

Thanks to Tjard for taking the time to attend and present at our meeting and to Brett Martin from AstraZeneca for supporting the meeting.

Lastly, the inter-laboratory biological control cycle for 2009 is about due so once again laboratories will be asked to test one subject's lung function. We have a 'willing' volunteer who will contact all the labs in regards to their participation.

## **Michelle**

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## **Victoria / Tasmania**

Can you believe we have already reached the half way mark of 2009! We had a fantastic branch meeting at the Austin Hospital on the 16<sup>th</sup> of June which was very well attended. Gary Nolan's presentation on IOS was very well done, especially helpful for those with limited knowledge in the area. Thanks also to Stuart Jack from Cardinal Health for providing an IOS device for demonstration.

We also had a very humorous presentation from Vanessa Kelly on "Surviving the ATS", which she attended in San Diego. We are now looking forward to the next branch meeting, whose date and venue is yet to be determined. So if any Vic branch members know of anybody they would like to volunteer to host the next meeting please feel free to contact me.

Until next time

**Faizel**

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## **Western Australia**

Incredible that we are already past the halfway mark for the year!

Later this year Sharon's and my term as Regional Representatives will come to an end and we shall be looking for some eager hands to go up and take over. It's easy and there is always lots of support from the membership and previous Reps.

### **Clinical Branch Meeting**

The WA June meeting was held on the 4<sup>th</sup> with an interesting presentation by Dr. Martin Phillips, Respiratory Consultant in the Department of Respiratory Medicine at SCGH. Dr. Phillips presented an overview of some of the changes, through history, of treating asthma.

From concentrating on bronchial smooth muscle in the 60's emphasis then shifted to mast cells in the 70's, eosinophils in the 80's, neutrophils in the 90's. Research interests have now begun to swing back to looking at smooth muscle through an observation, that heating the airway (Bronchial Thermoplasty) caused the smooth muscle to disappear, but left the epithelium intact. It was noted that airways treated in this manner, when subsequently challenged with methacholine no longer contracted.

This led to the development of the Alair Catheter, which is a flexible tube with an expanding wire basket at the tip. AIR2 (Asthma Intervention Research) trial was developed to look at the safety and efficacy of bronchial thermoplasty in the treatment of severe persistent asthma.. This trial was conducted in WA as a collaborative effort between The WA Lung Research unit at the Department of Respiratory Medicine and the Department of Pulmonary Physiology, both located at Sir Charles Gairdner Hospital.

Dr. Phillips also discussed treatment options for Emphysema. He reported that there had been a move away from Lung Volume Reduction Surgery (LVRS), popular in the 90's as the preferred method to treat severe emphysema, to the current endobronchial approach of using one way valves. The one way valve is implanted using a bronchoscope and prevents air from entering the diseased portion of the lung during inhalation but allowing air to escape during exhalation and hopefully the collapse of emphysematous part of the lung. This in turn leads to an improved breathing mechanism. There are differing types of valves.

The latest in treatment currently being trialled is the Portaero valve, where a catheter is inserted through the chest wall and a balloon inflated to hold it in place. The catheter is kept in place for 3 to 4 weeks then is replaced with a disposable 'port' to maintain an exit point for 'trapped' air in the emphysematous lung, thereby improving lung mechanics. This technique is being explored particularly in relation to a possible treatment for homogenous emphysema. The WA Lung Research Unit and Dept of Pulmonary Physiology at Sir Charles Gairdner are participating in this ongoing world wide trial.

The meeting was generously sponsored by Bird Healthcare.

This month we have followed in the footsteps of our NZ colleagues in providing a lab profile from one of the many WA labs.

## ***St John of God Respiratory and Sleep Centre - WA***

### ***Our History***

*The SJOG Respiratory and Sleep Centre was established as a joint venture between the founding medical directors and St John of God Healthcare Subiaco, in December 1995. The increasing demand for high-quality sleep and respiratory services compelled us to move, in 2003, to a purpose-designed location within the Subiaco Clinic, attached to the St John of God Hospital, Subiaco.*

*Today, under the continuing direction of Dr Rod Steens, the Centre employs 28 staff members. We offer a broad range of clinical services for nine sleep and/or respiratory specialists and also receive direct referrals from a variety of other medical practitioners*

### ***Our Services – Respiratory***

*We have a modern and well appointed respiratory lab equipped with a Medgraphics Platinum Elite plethysmograph. Our small respiratory team consists of 4 full time staff members who are multitalented enough to divide their time between respiratory and adult sleep duties.*

*The lab offers the following test options:*

- *Comprehensive Lung Function*
- *Spirometry*
- *Methacholine Challenge*
- *Hypertonic Saline Challenge*
- *Exercise Oximetry and 6 Minute Walk Test*
- *Comprehensive Exercise Test*
- *Flight Altitude Simulation Test*
- *Skin Prick Allergen Test*
- *Nasal Resistance Test*

### ***Our Services - Sleep***

*We run sleep studies seven nights per week, though we do break for public holidays and the Christmas/New Year festivities! Adults PSG's are performed 5 nights per week with the remaining nights used for Paediatric sleep studies. Our 6 beds are equipped with Compumedics E-series PSG, four beds have digital video and ETCO<sub>2</sub>/TcCO<sub>2</sub> capabilities and the remaining beds will be upgraded in due course.*

*We currently perform diagnostic, CPAP/VPAP/ASV titrations, evaluative (i.e. MAS, post surgery), MSLT/MWT and split (diagnostic to treatment) studies. Ambulatory studies, using Compumedics Somte PSG units, are also available.*

*A great proportion of our daily workload is involved in initiating CPAP trials and education, together with an ongoing support and follow-up program to maximise positive patient outcomes and long-term adherence to treatment. We also provide a retail service to ensure that patients receive the most appropriate equipment for their sleep disordered breathing.*

*In July 2006, our Centre began providing paediatric sleep studies. Our paediatric patients are generally over 18 months of age with no serious co-morbidities. Studies are diagnostic and post*

*tonsillectomy/adenoidectomy and include expanded EEG set-up when required.*

### **The Team**

*Our Centre employs 25 sleep technologists, including our Manager/Head Technologist, Bibi Guillaume and 3 Co-ordinators: Jo-Anne McLaren - Respiratory & Sleep Services, Janine Marlow – Training & Education, and Tracey Verstandig - Paediatric Services.*

*We have a comprehensive in-house training and education program and there is encouragement and opportunity to gain further training and education with several technologists currently receiving support to undertake post-graduate courses and/or BRPT studies.*

*In addition to our technical staff, we have two administration staff and a patient care assistant.*

*It is a great team; professional, friendly and supportive and we have fun both in the work environment and (night shifts permitting) at a variety of social events.*

### **Our Future**

*As 2009 unfolds, our Centre continues to thrive and there are yet more expansions, innovations and services on the horizon.*

*Jo-Anne McLaren & Tracey Verstandig*

## **News Around Town**

- The Charlie's team would like to welcome on board their latest staff member: Margaret Britton.
- Congratulations to Dr. Sally Young on obtaining her instructor's flying licence.

## **Diary Reminders**

|   |                              |                    |
|---|------------------------------|--------------------|
| 22 July 2009  | ANZSRS-WA Branch Meeting     | Hollywood Hospital |
| 12 <sup>th</sup> - 16 <sup>th</sup> September 2009    | ERS                          | Vienna, Austria    |
| <b>17<sup>th</sup> - 18<sup>th</sup> October 2009</b> | <b>WA TSANZ/ANZSRS ASM</b>   | <b>Mandurah</b>    |
| <b>19<sup>th</sup> October 2009</b>                   | <b>Respiratory Symposium</b> | <b>Perth</b>       |
| 19 - 24 March 2010                                    | TSANZ/ANZSRS ASM             | Brisbane           |
| 1 <sup>st</sup> - 6 <sup>th</sup> April 2011          | ANSRS/TSANZ ASM              | Perth              |

*Sina and Sharon*

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## ***Governance & Vision Sub-committee Report***

Following the resignation of Paul Guy and David Robiony-Rogers from the committee (with many thanks for their important contributions over the past few years), and the Board reversing its decision to have the Board and Executive Committee members as Governance committee members, we find ourselves down to a committee of three (David Schembri, Christine Nathan and me).

Discussion amongst the remaining members determined that it will be more efficient and productive to keep the committee small. Hence, we are going to limit the committee to four members for the time being and, are currently seeking endorsement from the Board to appoint a well respected and active member of the Society to our ranks. Details will be published, once endorsement is received.

The Committee received a draft Terms of Reference (TOR) from the Board in the past month. This has been reviewed by the Committee and returned to the Board with comment. Hopefully, the final TOR will be approved and the committee can get down to business by the end of this month. I intend to ask for the TOR to be published in the members only section of the website so that the membership is aware of our purpose and tasks. Stay tuned.....

Finally, I wish to announce that I have given notice of my resignation as a member and chair of this committee to the Board, effective from the 2010 AGM. It has been a fantastic learning experience and opportunity to participate actively in the Society. However, having been on the committee for 5+ years, it's time for me to explore other avenues both within the Society and in my personal career. The task of the Committee is nowhere near complete and I urge you all to consider whether or not this is an aspect of the Society in which you might like to participate. I'm sure the Board will make announcements later in the year regarding expressions of interest to join this important committee.

'Til next month,

***Brigitte***

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