IN THIS ISSUE

SYMPOSIUM EDITION

TOWNSVILLE HEALTH RESEARCH WEEK

MONDAY 8 OCTOBER – FRIDAY 12 OCTOBER, 2012

ROBERT DOUGLAS AUDITORIUM,
THE TOWNSVILLE HOSPITAL, AUSTRALIA

• EDITORIAL
• RESEARCH WEEK OVERVIEW
• SPEAKER BIOGRAPHIES
• ORAL ABSTRACTS
• POSTER ABSTRACTS
• AWARD ANNOUNCEMENT
Clinical Audit of Children with Empyema and Parapneumonic Effusion Admitted to a Major Referral Centre in North Queensland
Britta Baade1, Brooke Miegel1, Edward Shi2, Harry Stalewski2, Andrew White3 and Vana Sabesan3
1Department of Paediatrics, The Townsville Hospital, Townsville, Queensland
2Department of Paediatric Surgery, The Townsville Hospital, Townsville, Queensland

Background / Aims: The Townsville Hospital (TTH) is a major referral centre for children with empyema for North Queensland. We compared its clinical approach with the current position statement the Thoracic Society of Australia and New Zealand (TSANZ). Methods: A retrospective clinical audit was performed. Between January 2009 and June 2011 patients were identified via ICD-10 coding for pyothorax and pleural effusion. The search was limited to the age range 3 months to 16 years. Results: We identified 22 patients. Nearly half of the patients (10/22) were Aboriginal and/or Torres Strait Islander (ATSI). Most (16) were transferred from other hospitals. The most frequently identified organisms were Staph aureus (8) and Strep pneumonia (4). A high number of different antibiotics were used: 5 in surgical patients (range 2-9) and 3 in the conservatively managed patients (range 2-4). Changes to antibiotics prescribed most often occurred at the time of surgery. Nearly all patients were ventilated. Traditional chest X-rays, but less frequently used were chest CTs (5) and chest ultrasound (5) in both groups (both analyses p<0.001). Statistically significant results were also obtained for the 4-hour National Emergency Access Target. Conclusion: Within the limitations of this retrospective study, the new emergency department did appear to favourably affect ED access block. It must be noted that this was only one aspect of a complex system, and we were unable to control for all potential confounding factors.

Using the Dutch Resident Educational Climate Test to Assess the Learning Climate of Interns at The Townsville Hospital
Paul Welch1, Hilary Taylor-Evans2, Ralph Pinnock3,4 and Frances Quirk4
1Post Graduate Medical Education Unit, The Townsville Hospital, Townsville, Queensland
2The Townsville Hospital, Townsville, Queensland
3Department of Paediatrics, The Townsville Hospital, Townsville, Queensland
4School of Medicine and Dentistry, James Cook University, Townsville, Queensland

Background / Aims: Government regulators and medical boards place a high degree of importance on intern learning. In all clinical settings there is a balance between service provision and medical education. Evaluating the learning climate is a means of determining the educational function-ning within the clinical environment. The aim of the study was to assess the learning climate of interns at The Townsville Hospital and determine whether it differs between departments using the Dutch Residency Educational Climate Test (D-RECT). The method has previously been validated in Holland and was adapted for an Australian hospital. Methods: Interns at The Townsville Hospital completed the D-RECT survey and returned it anonymously. At the end of the questionnaire there was space for additional comments. Results: The D-RECT questionnaire was completed by fifty three of sixty three interns (84% completion rate). The questionnaire was easy to use and took less than ten minutes to complete. Internal consistency was good, as indicated by the Cronbachs alpha for each of the eleven subgroups within the questionnaire. The additional comments did not provide additional information not already gleaned from the questionnaire. The strengths and weaknesses of the major rotations were analysed and provide an opportunity for improvement. Conclusion: Interns overall perceived the learning climate at The Townsville Hospital positively but the significant areas for improvement must be addressed.

Cannabis Withdrawal among Indigenous Detainees and Inmates
Bernadette Rogerson and Alan Clough
Community-based Health Promotion and Prevention Studies Group Faculty of Medicine, Health and Molecular Science, School of Public Health, Tropical Medicine and Rehabilitation Sciences, Cairns, Queensland

Background / Aims: Cannabis Withdraw Syndrome is proposed in the DSM-5 due for release 2013. Problematic cannabis use among remote Indigenous communities has been reported and ‘stress out’ has been reported when cannabis is not available. Sudden cessation of cannabis use by remanded/sentenced inmates could further increase risk of ‘stress out’ however, the experience of withdrawal has not been considered. Methods: Indigenous inmates aged 18-40 years were recruited from a far north Queensland Correctional Centre. Retrospective cannabis use, dependence and withdrawal measures prior to incarceration were self-reported. Assessments included other drug use. Time Line Follow Back, Severity of Dependence Scale, Indigenous Risk Impact Screen and Cannabis Withdrawal Checklist. Results: From 101 males inmates, 89% (n=90) reported lifetime use and 70% (n=70) used cannabis <3 months before prison. Of the 70 current cannabis users, 57% (n=41) believed use was excessive, 63% (n=44) met dependence criteria and reported an average of 2.9 withdrawal symptoms (most likely: irritability/anger/aggression, nervousness/anxiety, sleep difficulties, depression and physical symptoms). Conclusion: Results reveal heavy and problematic cannabis use and dependence symptoms however, withdrawal is not well defined. To improve assessment and timely treatment of cannabis withdrawal within custodial settings, studies are needed to document onset, time course and severity of symptoms and to assist in management of withdrawal. Findings from this study contributed to NHMRC#1020514 (commencing October 2012) to interview new entrants to prison on eight occasions over 28 days. Assessments validated with biological markers, will examine onset and severity of cannabis withdrawal and psychological distress.

Effect of using Standardised Queensland Statewide Diabetic Ketoacidosis Management Protocol
Moe Thuzar, Ben Tisdell, Usman Malabu and Kunwarjit Singla
Department of Endocrinology and Diabetes, The Townsville Hospital, Townsville, Queensland

Background / Aims: Diabetic Ketoacidosis (DKA) is a serious acute complication of diabetes mellitus and causes significant morbidity and mortality if not effectively managed. A standardised statewide DKA management protocol was introduced at the Townsville hospital in 2010, but its effect on clinical outcomes has not been reviewed. This study aimed to analyse whether using the standardised protocol improves clinical outcomes compared to previous non-standardised practice in the acute management of DKA. Methods: A retrospective hospital record audit was carried out on 71 DKA admissions between 1 January 2008 and 14 March 2012. Patients younger than 16 years were excluded. The protocol group consisted of eligible admissions managed as per protocol (from 01/01/2010 to 14/03/2012).