

for future events. Results also reveal the possibility that the populace of Townsville are avid supporters of Origin.

## Effective Triage System in Endocrinology

Rajeswari Radha Krishnan, Vasanth Shenoy and Kunwarjit Sangla

Department of Endocrinology, The Townsville Hospital, Townsville, Queensland

**Background / Aims:** To assess efficacy and benefits of a unified consultant-led triage system in private endocrinology and diabetes clinics at TTH in 2012. **Methods:** Retrospective review from Hibiscus data of category (cat) 1 waitlists, referral processing and discharges over 2 months (June–July 2012) compared to a similar period in 2011. **Results:** The cat 1 waitlist for endocrinology bulk billed private clinics has reduced from 77 to 29 over this period compared to an increase from 43 to 79 patients in 2011. The wait lists for diabetes bulk billed private clinics has remained stable (54 to 50) over these two months similar to 2011 with better utilisation of the satellite facilities. Of the total cat 1 referrals over 2 months in 2012, just over 35% were booked straightaway, being marginally better than the 30% in 2011, whilst 65% were waitlisted for future review. 46 of the 248 total referrals (23/136 endocrinology, 23/127 diabetes), were either booked for investigations prior to clinic appointments or provided with a community management strategy to be implemented by GP. Registrars were also asked to see interesting cases with an independent, but supervised plan as additional walk in bookings. 13% patients were discharged from the service in 2011 as compared to 10% patients in 2012. **Conclusion:** Efficient consultant triaging can effectively reduce the clinical wait lists and facilitate timely assessment of adequately worked up cases. This system also provides feedback and support to the referring GPs for managing waitlisted patients and serves to enhance registrar training.

## Severe Hypertriglyceridaemia: A North Queensland Experience

Moe Thuzar, Connor O'Neill, Vasant Shenoy, Usman Malabu and Kunwarjit Sangla

Department of Endocrinology and Diabetes, The Townsville Hospital, Townsville, Queensland

**Background / Aims:** Hypertriglyceridaemia (HTG) is a component of the metabolic syndrome and therefore very commonly seen in association with type 2 diabetes mellitus. Severe HTG can lead to acute pancreatitis and is more likely to be triggered when serum triglyceride (TG) level exceed 10mmol/L. There is a paucity of clear treatment guidelines for this presentation. **Methods:** We reviewed 5 cases of severe HTG, 4 of whom presented with pancreatitis to the Townsville Hospital from 2010-mid 2012. The management and clinical course of these cases and available literature will be reviewed. **Results:** All were male, overweight type 2 diabetic patients with age range 39-48 years. Four patients were Caucasians and one was a Torres Strait Islander (TSI). The serum TG level at time of presentation was around 100 mmol/L in all cases. Lipid electrophoresis revealed Frederickson type III hyperlipidaemia in 2 cases, type V in 2 cases. The four subjects were homozygous for apolipoprotein E3. Family history of hyperlipidaemia was negative except in one patient. Patients were managed with variable treatment modalities that included a combination of nil per oral (NPO), insulin, heparin, and lipid lowering medications. Serum triglyceride level in the first 24 hours decreased more rapidly in those patients who were managed with NPO and IV insulin compared to those who were not. Treatment was uncomplicated in all except one patient who subsequently developed a pancreatic pseudocyst. **Conclusion:** Combination of NPO and IV insulin seems to be an important treatment strategy in acute management of severe hypertriglyceridaemia. Larger studies are needed to confirm our finding.

## The Educational Opportunity of a Gerontology Interdisciplinary Student Team

Paul Goldstraw<sup>1,3</sup>, Holger Jansen<sup>3</sup>, Chris Barrett<sup>2</sup>, Kerrie Gilboy<sup>1</sup>, Riri Santoso<sup>1</sup>, Sharee NanTie<sup>2</sup> and Karen Rowan<sup>2</sup>

<sup>1</sup>Gerontology Services, The Townsville Hospital, Townsville, Queensland

<sup>2</sup>Social Work Department, The Townsville Hospital, Townsville, Queensland

<sup>3</sup>School of Medicine and Dentistry, James Cook University, Townsville, Queensland

**Background / Aims:** The population is ageing yet not all health disciplines include gerontology principles in their curricula. Moreover, interdisciplinary team work is core function of health services for older people yet team skills are acquired after graduation. A Gerontology interdisciplinary student team (GIST) experience could provide a positive learning by responsibility opportunity for gerontic education and team skills. A review of the literature failed to produce reports on the training in these skills in a single programme. A pilot programme was undertaken to evaluate the logistics and the learning experience of a student interdisciplinary team mirror managing patients of the TTH Gerontology Services. **Methods:** A volunteer interdisciplinary student team was formed from the JCU Schools of Medicine, Physiotherapy, Occupational Therapy and Social Work. Mock records were kept and team meetings were managed after initial facilitation by the team. At the end of 4 days the treating and student teams met to discuss treatment, variances and expected outcomes. Attitudes towards older people and professional/educational outcomes of the project were recorded before and after. **Results:** Logistics proved difficult with differing rotation times and durations. The mean Team-SkillScale-Score increased by 18.6% while the student with the lowest initial score increased by 61.5%. Attitudes-Towards-Health-Care-Teams-Scores as well as Geriatric-Attitudes-Scale-Scores remained high over the course of the project with one student increasing in the Geriatric-Attitudes-Scale-Score by 17%. **Conclusion:** The potential advantages of a GIST learning option outweigh the logistical problems. A more formal study to evaluate the concept in greater depth is proposed.

## The Prevalence of Geriatric Functional Syndromes in Older People Admitted to an Acute North Queensland Hospital

Paul Goldstraw and Apurva Shanker

Geriatric Medicine, Townsville Clinical School, James Cook University, Townsville, Queensland

**Background / Aims:** The Geriatric Functional Syndromes (GFS) are symptom complexes associated with decrease in function that affect many older people. Irrespective of aetiology, GFS are associated with a poor outcome and increased lengths of stay (LOS). Geriatric Evaluation and Management (GEM) may alter this outcome. This audit was undertaken as part of establishing a GEM service at TTH to understand service demand and GFS profile of potential patients. **Methods:** A chart review was undertaken during 3 separate weeks in February, March and August 2012, to evaluate the number of patients aged over 75 yrs admitted to the medical wards, the LOS and GFS profile. GFS are defined as more than 3 falls per year, incontinence, Mini Mental State Exam < 23/30, delirium, assistance for activities of daily living (As-ADL) and to walk 3 metres (As-Walk); carer stress; more 5 drugs. **Results:** The > 75 years cohort (n=119) represented 36% of the medical ward patients and the majority (90%) had a GFS. The most prevalent GFS were >5drugs (83%), As-ADL (50%), carer stress (43%) and As-Walk (25%). The cohort mean LOS was 55 days, with no difference between the presence or number of GFS. Only 28% returned home compared to 70% if no GFS. **Conclusion:** GFS were common in the older patients. There was no correlation with LOS but they were long. The longer LOS were associated with falls. Home was less likely if GFS were present. The GEM service could target by age, length of stay presence of GFS.

## Fractional Flow Reserve: Do Patients Need to Stay Overnight?

Navin P. Sinhal, Raibhan R. Yadav, Sugeet Baveja and Ryan G. Schrale

Department of Cardiology, The Townsville Hospital, Townsville, Queensland

**Background / Aims:** Measurement of fractional flow reserve (FFR) to guide percutaneous coronary intervention has demonstrated improved safety and efficacy. There are no guidelines for optimal timing of discharge. Our current practice is admission overnight for monitoring. **Methods:** We retrospectively reviewed the medical records for patients who underwent FFR at The Townsville Hospital from August 2009 to June 2012. We specifi-