Important Note

Dear Sir / Madam,

Please be advised that the Wednesday Bulletin contains **Queensland Courts Coroners Report** important for GP's along with the **Translink Access Pass** flier attached.

Thank you

Kind regards,

Grace Prasad
Education Officer
P: 3290 3733 / M: 0413 715 204 E: gprasad@sphn.org.au F: 3290 3144
Wembley Place, 91 Wembley Road, PO Box 6008, Logan Central 4114, Qld
SouthEast Primary HealthCare Network Ltd. ABN 53061075607

SouthEast Primary HealthCare Network

Wednesday Bulletin

Edition 14 | Page 1 of 2 Wednesday 7th April | **2010**

General Practitioners

SouthEast Primary HealthCare Network

SouthEast Primary HealthCare Network is offering CPR Classes for both Members and Non Members.

- **Date:** 20th May 2010
- **Venue:** TBA
- **Time:** 7.00pm to 9.00pm
- **Cost:** Members **Free** at SPHN offices/venue and full fee at own practice/Non Members $65.00
- Prices for classes provided at your premises available on request.

For bookings, please contact Kim Moffatt or Stephanie Culshaw at SPHN on 3290 3733.

Linking Indigenous People (LIP) Program

SPHN would like to invite members to a meet and greet dinner with local Aboriginal & Torres Strait Islander organisation and other communities. Please find attached the invitation flier.

- **Date & Time:** Thursday 3rd June 2010
- **Venue:** Logan Entertainment Centre, 170 Wembley Road, Logan Central
- **Contact:** Tamara Nikolaou at SPHN on 3290 3733.

TransLink Pass

TransLink have developed this pass to assist those that have a disability that can travel independently but cannot use the smart card equipment to touch on and touch off. Please visit our website for further details at www.sphn.org.au.

Smoking Cessation – Addressing Nicotine Addiction and Smoking Cessation

Smoking Cessation education evening with Renee Bittoun, director of the Smokers' Clinic and Associate Professor of the Smoking Cessation Unit of the University of Sydney.
Please find attached the information flier

- **Date & Time:** Tuesday 13th April 2010 from 6.30pm.
- **Venue:** Rydges Southbank Hotel, 9 Glenelg Street, Southbank
- **Contact:** Rhona MacDonald at SPHN on 3290 3733.

Important Information for GP's

A Coroner's report providing vital information referring to a relatively uncommon complication relating to a usually benign condition of Thrombophlebitis and the potential for it to progress to DVT and subsequently Pulmonary Embolism, will be circulated independently to this bulletin.

Lighten Up

An eight week group based, healthy lifestyle program which emphasises making healthy food choices, being physically active, setting realistic goals, increasing self esteem and managing stress. Two programs will commence shortly within the Logan area with times and dates as follows:

- **Date & Time:** Monday's 13th April from 9am – 11am at the Browns Plains Community Health Centre, Wineglass Drive, Browns Plains
- **Date & Time:** Friday's 30th April from 10am - 1pm at Jimboomba Community Care Association.

Please refer any patients that may be interested to Erin Lumby at SPHN on 3290 3733 or e: lumby@sphn.org.au.

enhancing health together

National Rheumatic Heart Disease Guidelines Survey

- The National RHD guidelines (published 2006) were distributed widely however implementation in clinical practice is unknown.
- Your feedback is valuable: have your say into how these guidelines should be further developed: http://www.surveymonkey.com/s/MJS98WJ
- All respondents are eligible to enter the draw to win a **$1000AUD prize** (see inside survey for details). The survey is open until 6pm (EST) Friday 30th April 2010. Thank you from RHD Australia at Menzies School of Health Research
- **Contact:** Sara Noonan on (08) 8943 5015.

Dermoscopy & Practice Nurse Workshop

- **Date & Time:** Saturday 17th & Sunday 18th April 2010 from 9am – 4pm
- **Venue:** Novotel Hotel, 200 Creek Street, Brisbane
- **Contact:** Karen on 0414 910 355

Positions Vacant

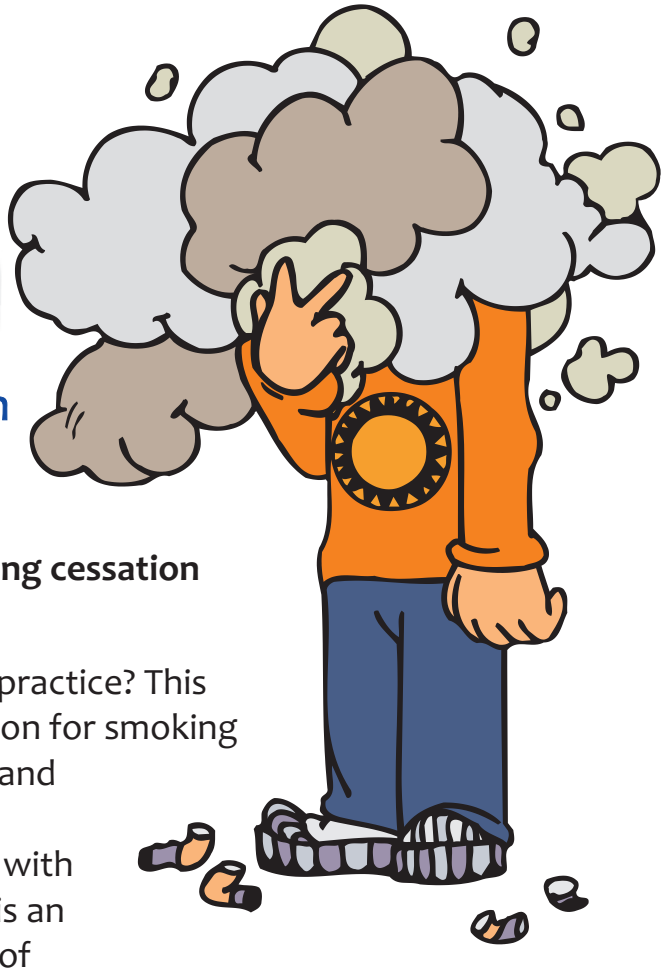
- **GP Required:** Waterford West
- **Contact:** Phone on 3299 6688 or 0401 338 068

Please visit **www.sphn.org.au/general-practitioners**

SouthEast Primary HealthCare Network
Wembley Place, 91 Wembley Road, PO Box 6008, Logan Central Qld 4114
P 07 3290 3733 | F 07 3290 3144 | admin@sphn.org.au | ABN 53 061 075 607
www.sphn.org.au

SouthEast Primary HealthCare Network

Smoke Alarm



Addressing Nicotine Addiction and Smoking Cessation

Nicotine addiction and the smoking cessation challenge.

Are you doing enough in general practice? This lecture will reinforce the motivation for smoking cessation treatment, counselling and interventions. Primary care is in a unique position to assist patients with quitting smoking. Renee Bittoun is an associate professor at University of Sydney and she will provide tools for smoking cessation, with practical tips for screening, behavioural support and pharmacotherapy for GP's and practice nurses.

Time and Date

Tuesday 13 April, 2010
From 6:30pm for dinner @ 7:00pm

RSVP

April 6 2010

Venue

Rydges Southbank Hotel
9 Glenelg Street
South Bank

All enquiries to
Rhona MacDonald
Respiratory Educator
P: 07 3290 3733
E: rmacdonald@sphn.org.au
Fax: 07 3290 3144

To register, please complete and fax back to 07 3290 3144 by 12 April 2010 to 07 3290 3144

Name: _____ **RACGP No: (if a doctor)** _____

Practice: _____

Ph: _____ **Email:** _____

Dietary needs: _____

enhancing health together

SouthEast Primary HealthCare Network

EXPRESSION OF INTEREST

SouthEast Primary HealthCare Network's Linking Indigenous People (LIP) Program would like to invite members of your practice or organisation to a meet and greet dinner and entertainment evening with local Aboriginal and Torres Strait Islander organisations, community members, Elders from the Logan area and SouthEast Primary HealthCare Network staff and board members.

Date: Thursday 3 June, 2010.

Time: 6pm to 9pm

Venue: Logan Entertainment Centre

Guest speakers will include Elders from Logan, Vice Chair and CEO of SouthEast Primary HealthCare Network, Medicare Australia representative to discuss PIP (Practice Incentives Program) Indigenous Health Incentives and Cultural Awareness Information.

A three course dinner and entertainment from local Indigenous dancers will also be provided.

If you could please let me know via post, email or fax if you would be interested in attending this free Linking Indigenous People meet and greet networking dinner and how many people from your organisation would like to attend by Friday 9 April, 2010.

Regards
Tamara Nikolaou
Primary Care Liaison Officer
Linking Indigenous People (LIP) Program
SouthEast Primary HealthCare Network
Ph: 07 3290 3733
Fax: 07 3290 3144
Email: tnikolaou@sphn.org.au

(Please tick)

☐ Yes I would like to attend / Name of participants:

1._____
2._____
3._____
4._____

☐ I will not be attending

IMPORTANT INFORMATION FOR GP'S

The attached is a Coroner's report from the Queensland Courts Office, of the State Coroner which provides vital information for all General Practitioners in reference to a relatively "uncommon" complication relating to what is usually a benign condition; 'Thrombophlebitis.'

Under certain circumstances, Thrombophlebitis has the potential to progress to DVT and subsequently, Pulmonary Embolism, which could have fatal consequences if not identified in the early stages.

QUEENSLAND
COURTS
OFFICE OF THE STATE CORONER

Our Reference: 2009/376
Contact: Caitlin Honess
Telephone:
Facsimile:

Brisbane Magistrates Court
363 George Street
Brisbane QLD 4000

GPO Box 1649
Brisbane QLD 4001

PH 3239 6193
FX 3239 0176

www.courts.qld.gov.au

05 February 2010

The Chief Executive Officer
General Practice Queensland
GPO Box 2456
Brisbane QLD 4001

Dear Sir/Madam,

I am the Brisbane Coroner investigating the circumstances of the death of a 66-year-old woman in June 2009. The facts of the case are set out below and have been de-identified.

The patient had presented to the Emergency Department of a major tertiary hospital with abdominal pain, went to the bathroom and collapsed. She quickly went into an arrest and could not be revived. Her death was reported to the coroner by the hospital because they were uncertain as to the underlying cause of her death.

Information obtained by the police indicated that the patient had been seeing her family doctor for a number of weeks for a sore lower left leg due to varicose veins.

The coroner requested a report and a copy of the medical records from her general practitioner and ordered an autopsy.

The report from her general practitioner noted that she had first presented to the practice on 28 May 2009 complaining of a tender area in the left lower leg. The first reviewing doctor felt the symptoms were consistent with thrombophlebitis and commenced Ibilex (used for infection to soft skin) and hirudoid ointment. A further review noted that the small area of thrombophlebitis was resolving and there were no signs of deep venous thrombosis. A further review was made for a week later with a repeat dose of Ibilex.

On 11 June 2009 the patient was reviewed by another GP in the same practice who agreed with the diagnosis that she was suffering from superficial thrombophlebitis. In order to exclude the presence of deep venous thrombosis an urgent ultrasound was ordered and it was recommended that she commence aspirin and begin to wear a properly fitted stocking on her left leg.

A further review on 15 June 2009 indicated that there was inflammation around the clotted vein on the back of the leg which still appeared to be superficial thrombophlebitis. The ultrasound report of 11 June 2009 confirmed superficial thrombophlebitis in the long saphenous vein involving almost its entire length

with no deep venous thrombosis seen. The GP recommended she commence on penicillin in view of the uncertainty of the bacterial infection in addition to the inflammation. He was shocked when he heard that she had died the next day.

The autopsy examination found extensive thrombo-emboli in the pulmonary arteries. The quantity was extensive and would not have been compatible with life.

The source of the thrombo-emboli was sought. No thrombo-emboli were detected in the deep veins of the calf muscles on both sides. Thrombus was present in the left long saphenous vein, a superficial vein of the legs in keeping with the previous diagnosis of thrombophlebitis.

Another finding was mild superficial gastric erosions. The most common cause was due to adverse effects of analgesic particularly the non-steriodal type and aspirin would account for that finding.

The pathologist noted that death was caused by pulmonary thrombi-embolism. The most common cause of pulmonary thrombi-embolism is from deep vein thrombosis of the legs. In this case no thrombi were detected in the deep veins of both legs. Thrombus was present in the superficial vein of the left leg.

He noted that superficial thrombophlebitis is not usually associated with pulmonary thrombi-embolism. However superficial thrombophlebitis has been known to be associated with deep vein thrombosis which is of a higher risk because of pulmonary thrombi-embolism. However the ultrasound performed on 11 June showed no evidence of deep vein thrombosis.

The pathologist considered that there may be two possible explanations. The first was that the thrombosis of the deep veins had formed after the ultrasound scan and which have subsequently embolised to cause death. An explanation for not finding any deep vein thrombosis is that the thrombus might have embolised completely.

The second alternate explanation was that the source was from the superficial vein itself. There had been studies reported in the medical literature which reported higher rates of pulmonary thrombi-embolism in patients with long saphenous vein thrombosis. It was noted that even though the rate is higher the rate of occurrence is still considered infrequent.

The pathologist noted that superficial thrombophlebitis is not usually associated with pulmonary embolism and is therefore not usually treated with thrombolytics. It was also noted that the GP had taken appropriate steps to rule out any extension of the thrombus to the deep veins.

The Coroner had the autopsy report and report and medical file from the general practitioner reviewed by a medical officer with the Clinical Forensic Medicine Unit. The two medical articles referred to in the autopsy report were reviewed and each of the articles make the point that superficial thrombophlebitis has always been considered a relatively benign condition. It is clear that deep venous thrombosis can coexist with superficial thrombophlebitis especially if the thrombophlebitis extends above the knee. However if DVT is excluded on diagnostic ultrasound then the thrombophlebitis can be treated conservatively. It was noted that antibiotics do not make any difference in thrombophlebitis. He considered that the general practitioner would have been greatly reassured by

the negative ultrasound scan and appeared to have provided appropriate medical care.

It was noted that the advice given for emergency medicine on the Queensland Health website noted as follows: -- "Although thrombophlebitis of the superficial leg veins uncommonly evolves into a thrombo embolic event, many patients with clinically suspected superficial thrombophlebitis have a synchronous DVT. Patients with clot in the greater saphenous veins which extends above the knee are at risk for progression to DVT via the saphenous-femoral junction and should be considered for anticoagulation. When DVT has been excluded, superficial thrombophlebitis should be treated symptomatically with non-sterioidal anti-inflammatory drugs, heat, and graded compression stockings. Increased ambulation and elevation of the extremity above the level of the heart while at rest helps to decrease venous stasis. Routine anticoagulation is not indicated for superficial thrombophlebitis."

The patient's death occurred as a result of a relatively uncommon complication of what is considered to be usually a benign condition which is treated conservatively. The medical literature which was referred to by the pathologist noted that although thrombophlebitis is often perceived as benign it can coexist and progress to DVT and even give rise to pulmonary embolism. However there had been a limited number of randomised studies which did not allow for strong recommendations as to treatment to be given. The second article concluded that in a small series of patients the study strongly suggested that finding suggestive of pulmonary embolism was to be expected in a surprisingly high number of patients with thrombophlebitis. The author recommended that future studies were warranted to better explore the risk for DVT, pulmonary embolism or both in patients with superficial thrombophlebitis of the thigh and to evaluate the benefit to risk ratio of proper anticoagulant therapy in this disease.

As the cause of death has been established and was due to natural causes it was considered that no further investigation or inquest was necessary. The treatment programme recommended by her general practitioner was in accordance with reasonable medical management at that time. There have been limited studies in the medical literature which suggests that further studies and consideration needs to be given to the formation of pulmonary embolism in conditions such as thrombophlebitis.

I have however determined that it would be appropriate to refer the facts of this case to such professional bodies as the Australian Medical Association and General Practice Queensland for consideration of highlighting the potential problems in such cases and for further clinical education or research. A copy of the two articles referred to are enclosed.

Please do not hesitate to contact this office should you have any further queries or require further information.

Yours sincerely,

John Lock

TRANSLink

Dear Medical Practitioner

TransLink Access Pass

As you may be aware, TransLink has introduced a smart card ticketing system for the TransLink public transport network in South East Queensland. The smart card ticketing system, commonly known as *go* card, requires passengers to touch on their *go* card at the beginning and touch off their *go* card at the end of each trip of their journey.

To assist people with a significant disability who are able to use public transport independently and can demonstrate that, due to their disability, they are unable to use the go card ticketing system, TransLink has developed the TransLink Access Pass. This pass is used as a flash pass for unlimited travel on all TransLink services (excluding Airtrain).

To obtain the pass, an information and application form must be completed by the applicant (or their guardian or agent). There is also a section in the information and application form that must be completed by a registered doctor, qualified occupational therapist, registered physiotherapist or registered psychologist. There is a fee payable for the pass.

Initially, the pass will be issued for a period of six months. During this time, TransLink will assess the suitability of the pass based on the needs of the eligible applicants, and evaluate the pass and application process.

When this evaluation has been completed, further information will be supplied if there are any changes made to the TransLink Access Pass.

You are encouraged to ensure that your assessment of the applicant accurately reflects their ability to utilise public transport services and the smart card ticketing equipment.

If you have any questions regarding the completion of the form please contact TransLink's Product Management team on 3167 4000.

I thank you for your assistance in this matter.

Yours sincerely

Peter Strachan
Chief Executive Officer
TransLink Transit Authority

TransLink Access Pass

User information

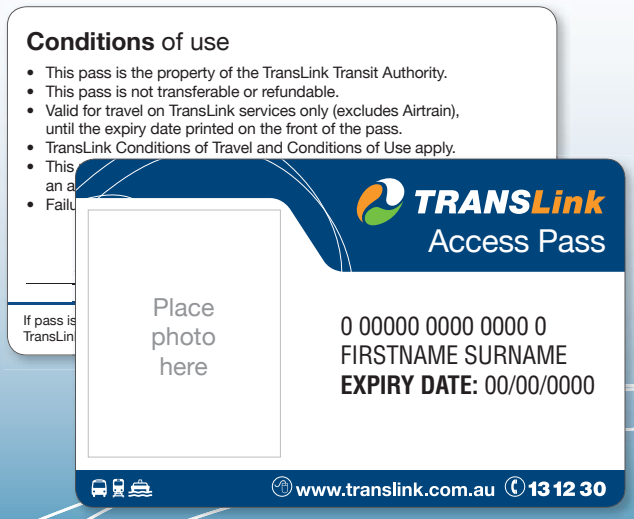
Effective March 2010

What is the TransLink Access Pass?

The TransLink Access Pass is a travel pass for people with a significant permanent disability **who travel independently on TransLink services** (excludes Airtrain) and can demonstrate that due to their disability they are unable to touch a *go* card on a card reader.

The TransLink Access Pass **is not issued to every person who has a disability**.

People with a disability who require a constant companion/guide/carer to assist them **are not eligible** for a TransLink Access Pass.



Who is the TransLink Access Pass for?

The TransLink Access Pass is for people with a permanent disability who can travel independently on TransLink services and have been assessed by a qualified health care professional as being unable to touch on or touch off with a *go* card.

This includes people who are in a wheelchair and have limited fine hand movement, as well as people who have an intellectual disability.

How does the TransLink Access Pass work?

The TransLink Access Pass entitles the pass holder to unlimited travel on TransLink bus, train and ferry services (excluding Airtrain) until the expiry date printed on the front of the pass.

The pass holder's photograph and name are printed on the card. The pass holder must carry the TransLink Access Pass with them at all times while travelling.

TRANSLink

How to apply for a TransLink Access Pass?

An application form must be completed by the applicant or, where the applicant is unable to complete and/or sign the form, by their guardian or agent.

Information must also be provided by the applicant's registered doctor, qualified occupational therapist, registered physiotherapist or registered psychologist.

Completed application forms along with a passport photo should be posted to TransLink for processing.

Download an application at **www.translink.com.au** or call **13 12 30** and we will post one to you.

How much does the TransLink Access Pass cost?

The pass costs $60 for a six-month period which is very comparable to other Australian states. For example in South Australia, a similar pass currently costs $57.60 per month. In Western Australia, applicants pay $90.80 for six months.

Payment options include: cheque, money order, credit card (Visa and MasterCard only) or direct debit.

Payment will be processed once the application is approved. Cheques or money orders will be returned if the applicant is ineligible for a pass.

Further information

www.translink.com.au

General enquiries 13 12 30
24 hours a day, seven days a week

GPO Box 50
Brisbane Qld 4001

Interpreter service: 13 12 30

National relay service TTY and modem: 13 36 77

Direct TTY: 07 3369 3377

Accessible transport
www.translink.com.au/accessibletransport

Speech to speech relay service:
1300 555 727