



*“Wherever the art of medicine is loved, there is also a love of humanity.”
Hippocrates*

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Are you interested in becoming a Stool Donor?

The CDD Stool Donor Program is a paid program that allows you to positively impact the lives of others. If you're aged between 16-65 years, have no pre-existing medical conditions and live or work locally to Five Dock you may be eligible. Start your application by completing our online questionnaire:

<https://centrefordigestivediseases.com/questionnaire-for-potential-donors/>

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FROM THE DIRECTOR

It has been another busy start to the year here at the CDD. With the ongoing COVID-19 pandemic worldwide, we are continuing to keep the safety of our patients and staff at the forefront of our minds. QR code check-in and temperature checks are mandatory for all attending CDD onsite. We are also continuing to see patients virtually, where possible, to assist with maintaining social distancing. We are continuing to monitor the situation and are hopeful to begin slowly transitioning to more frequent face to face consultations soon.

In March, we welcomed Dr. Omar Sharaiha to the team at CDD. Dr. Sharaiha will be a locum for Dr. Suhirdan Vivekanandarajah whilst he is on six months leave. Among his other assets, he speaks Arabic and Lebanese. Dr. Sharaiha is a highly trained and experienced gastroenterologist, having completed training in New York. He has a strong research interest in colorectal cancer and bowel screening and we are excited to welcome him to the team. I have also taken a step back from routine procedures and have been dealing with more complex consultations this year with a focus on research. Dr. Jeffery Tu has kindly stepped in as a locum on Mondays.



**Welcome to Dr. Omar Sharaiha,
MBBS FRACP**

Research has also seen a drastic change in the past year with conferences turning virtual. In March this year, I delivered a lecture via Zoom at the Malibu Microbiome Meeting, with expert FMT clinicians and researchers from around the world in attendance. The highlights of the conference are on page 9.

Our team has also been working hard to ensure CDD meet the new TGA regulations for FMT commencing from July 1st this year. We recently registered our first Class 1 biological products on the Australian Register for Therapeutic Goods (ARTG).

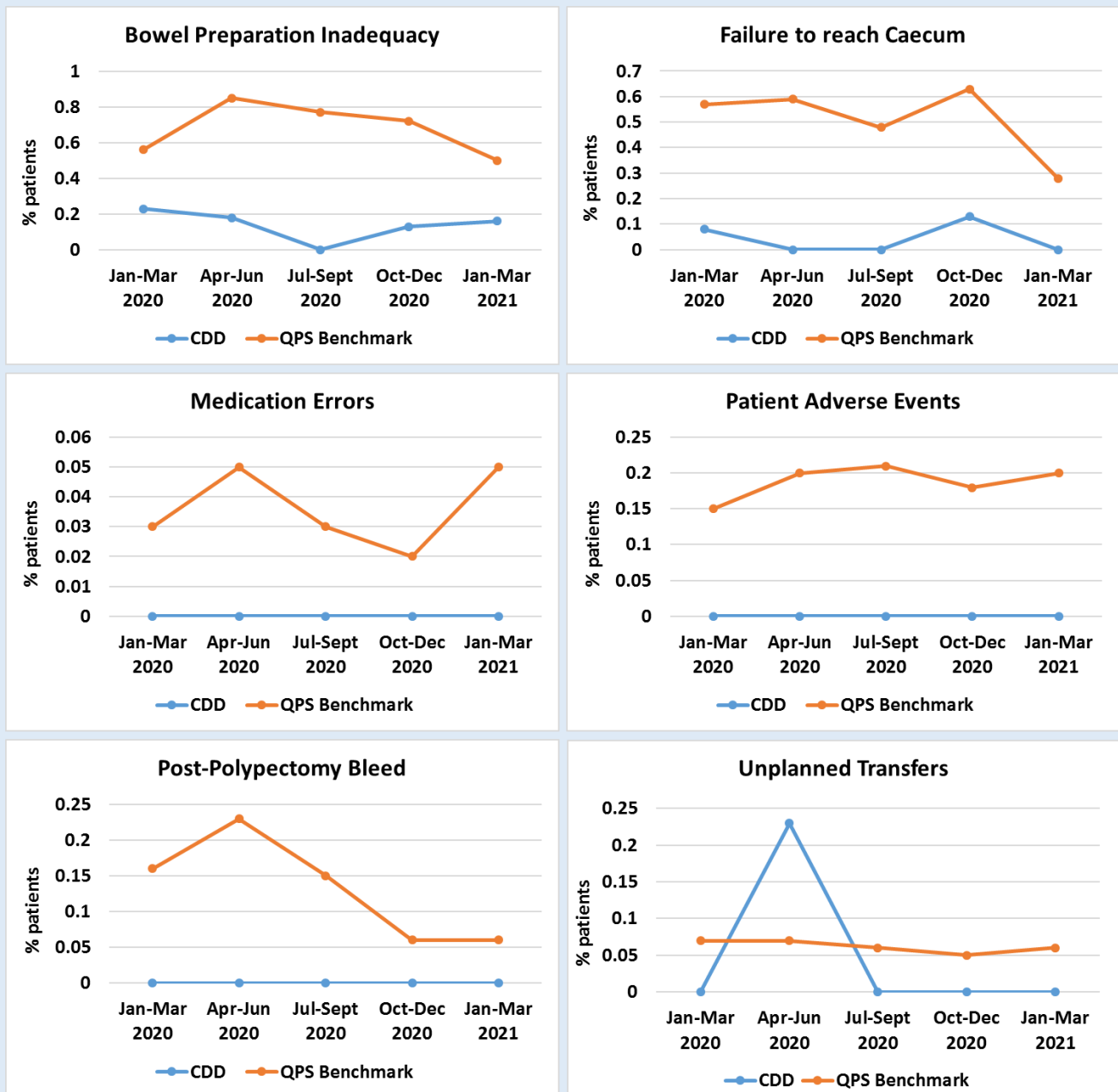
Throughout the first half of this year, we have also welcomed numerous students from the Western Sydney University and University of Wollongong. I would like to take this opportunity to thank our patients and staff for providing these students with a fantastic learning opportunity. Collaborations such as these are important in order to share new ideas and experiences for upcoming health professionals to grow the field of medicine.



DAY SURGERY SAFETY AND QUALITY OUTCOMES REPORT

Safety and Quality Indicators

These six indicators were selected by our Consumer Focus Group in 2019 as they provide a good overview of our key outcomes. These rates show our processes achieving better outcomes than the QPS industry benchmark.





Why are these Safety and Quality Indicators Important?

Bowel Preparation Inadequacy:

Bowel preparations which are inadequate can result in the incomplete removal of bowel contents. This is problematic as it not only increases the duration of the procedure, but also obstructs the view of the Gastroenterologist which can lead to missed polyps and repeat colonoscopies.

Failure to Reach the Caecum:

Failure to reach the Caecum is typically the result of a poor bowel preparation in the deepest part of the large intestine. Reaching the Caecum during a procedure not only indicates that all segments of the large bowel have been visualised by the Gastroenterologist, but also that the segment of bowel most likely to house the dangerous serrated forms of polyps has been visualised.

Medication Errors:

Medication errors within a day surgery can arise when inadequate patient histories are taken or when transfer of care is unclear. The CDD has implemented and regularly reviews several robust systems which ensure that all staff involved in an individual patients' care are appropriately informed of their medical history.

Patient Adverse Events:

Adverse events are of concern as they can reduce the likelihood a patient will undergo later screening procedures. Regular patient monitoring and good nurse to patient ratios are two ways in which CDD reduces these events ensuring patients have a positive experience.

Post-Polypectomy Bleed:

Pre-cancerous lesions called polyps are often removed from the bowel during day procedures. Utilising the correct removal technique for the size and shape of the polyp can significantly reduce the risk of excessive bleeding. CDD's doctors are highly skilled endoscopists with many years of experience in performing polyp removals which reduces the risk of post-polypectomy bleeds at our clinic.

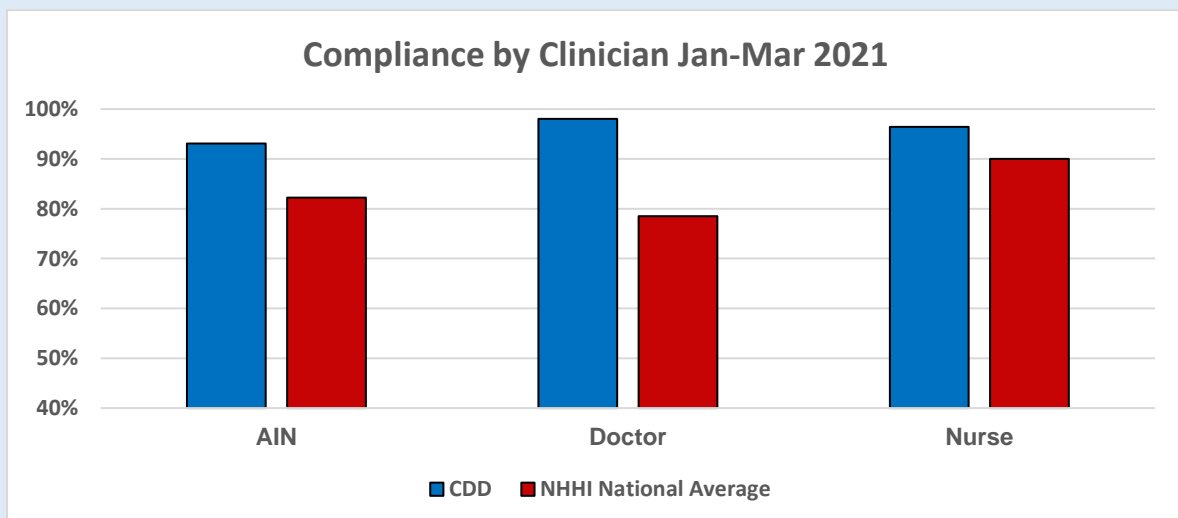
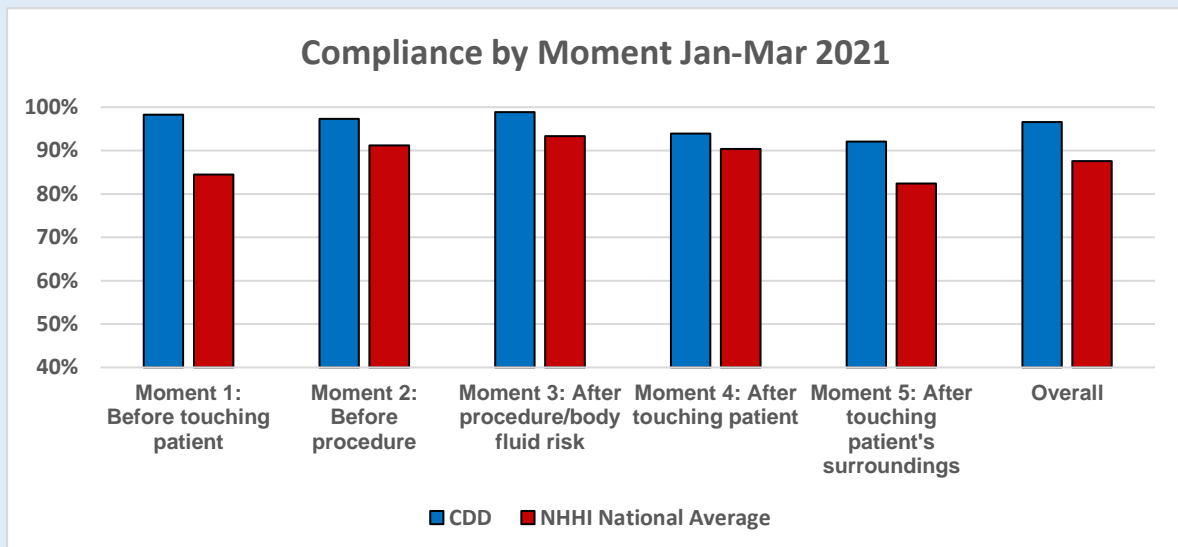
Unplanned Transfers:

Unplanned transfers most likely occur when a serious problem is discovered and the patient needs emergency transfer to hospital. Our QPS results over the past year suggest that such events are uncommon at CDD but if they do occur, our highly experienced team is well equipped to deal with them.



Hand Hygiene Audit

Hand hygiene is the most effective way to prevent the spread of infection. This can be done by washing with soap and water and by using hand sanitiser. We conduct regular observation audits of our clinical staff providing care to make sure they are complying with the five moments of hand hygiene required under the National Hand Hygiene Initiative (NHHI). National data is submitted and collated so we are able to compare our compliance rates with the national average rate. Our audit conducted between January and March shows a very high 96.6% compliance rate achieved which is higher than the national average rate of 87.6%.





Accreditation

The CDD is accredited with:

- The National Safety and Quality Health Service Standards (overseen by the Australian Commission on Safety and Quality in Healthcare and mandatory for all public and private health services in Australia) and
- The international ISO9001 Quality Management Standard (this is voluntary we do this to ensure our quality processes are maintained at the highest possible level)

Our next assessment for compliance against the second edition of the National Standards is scheduled for Friday 16th July. There are about 35% new changes in this second edition of the standards and we have implemented an extensive action plan over the last few years to ensure we comply with these updates which are related to:

- Clinical Governance
- Aboriginal and Torres Strait Islander health
- Health literacy (ensuring that patients can understand the information given to them)
- Cognitive and mental health deterioration
- Emergency and disaster management

The Australian Commission on Safety and Quality in Healthcare is also about to implement accreditation for clinical trials programs. This will be based on the Clinical Governance and Partnering with Consumers standards within the National Standards. We have now expanded our quality management system to incorporate our clinical trials and research programs and are ready for this service to be incorporated into our accreditation program once it is launched by the Commission.

QPS Benchmarking Results

We also participate in a benchmarking program run by QPS which involves comparing clinical indicator rates as well as the results of audits and surveys. The results below are from January to March this year.

Audit/Activity	CDD	QPS
Scheduled Drug Management Audit	100%	97.6%
Clinical Governance Audit	96.25%	94.78%
Employee Satisfaction	90.87%	84.42%



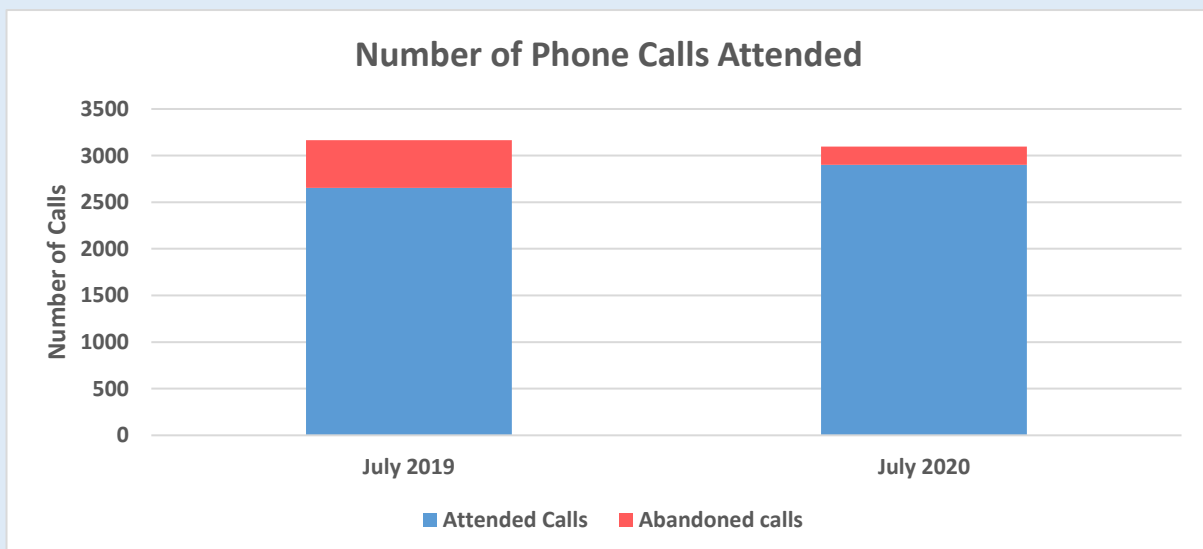
SPOTLIGHT ON THE CDD SWITCHBOARD

From July 2019 - June 2020, CDD saw over 9500 patients walk through its doors for procedures or attend virtual consultations. Our reception team work extremely hard to ensure appointments are booked and confirmed, paperwork for each and every patient is completed prior to their appointment and that enquiries are attended to as soon as possible. However, keeping up with CDD's growing number of patients and their individual and complex needs is not easy!

Based on feedback from you we have been making some changes to our CDD operations.

CDD Switchboard:

Between July 2019 and July 2020, CDD received an average of 3102 calls per month or approximately one call every 5 minutes. In April 2020, CDD set-up a dedicated switchboard to help answer all incoming calls. This resulted in a significant increase in calls that could be attended to, and a reduction in abandoned calls as shown below.



CDD Reception Email:

In April 2020, CDD assigned a dedicated staff member to the reception email. This has ensured that emails are attended to within 5 business days.

If you have any feedback or suggestions for improvement, we encourage you to let us know by sending an email to reception@cdd.com.au



LATEST IN RESEARCH

Working together to deliver innovative products and therapies

Malibu Microbiome Meeting

The inaugural Microbiome Meeting in Malibu hosted by Dr. Sabine Hazan was held in March of this year. The aim of the meeting was to share the latest in microbiome research, discoveries and news with hundreds of physicians from around the globe. The panel of speakers included Dr. Borody who spoke about “Serendipity and FMT”. Among the list of guest speakers was Dr. Colleen Kelly, Dr. James Adams, Dr. Faming Zhang and Dr. Alexander Khoruts, who spoke on the evidence and efficacy for FMT in *Clostridium difficile* infection, Autism Spectrum Disorder (ASD) and the future of FMT. Please see the link below to watch some videos of the presentations.

“Serendipity and FMT” by Dr. Borody:

In his presentation, Dr. Borody sought to share his experience with the serendipitous nature of FMT. Dr Borody highlighted a number of the novel findings he and his fellow researchers have seen when using FMT to treat one condition, only to see an improvement in another condition. Examples included Multiple Sclerosis, Parkinson’s disease, ASD, Epilepsy, and Alopecia Totalis.

Please see link to watch some of the prelude videos from a few of the world’s top gut microbiome researchers and gastroenterologists

<https://malibumicrobiomemeeting.com/2020-prelude>

CDD Highlights

We are proud to provide clinical placements to third year nursing students from the Western Sydney University. They are supervised by one of senior nurses who assists with their education and completes the required competency assessments. Placements are between 2-4 weeks in length and nurses work in both recovery and the procedure rooms. Students have given very positive feedback about their placements here as they gain valuable knowledge about working in a busy day surgery and the specialty of gastroenterology.





Long Term Efficacy and Safety Outcomes of FMT: A Survey

The CDD has been helping patients in our community with a range of gastrointestinal conditions since it was established in 1984. Our research and emerging treatments have assisted over 78 000 patients over these years and we continue to treat patients with FMT, with around 150 patients treated in the last year. FMT is the practice in which bacteria from a healthy person's stool is transplanted into the gut of an unwell recipient for therapeutic benefit. FMT was pioneered in Australia by Doctor Borody in 1988 and forms part of a global scientific field of research and therapeutics.



As part of our commitment to improving the lives of our patients, we are conducting a research study to gather past and current patient's experiences and outcomes before and after FMT Treatment.

Currently, the research department is sending invitations to those of you who have undergone FMT. Understanding your experiences is very important to us. If you are eligible to complete the survey, you will be contacted either by email or phone inviting you to complete the survey which takes approximately 10-15 minutes to complete. We greatly appreciate your cooperation and ongoing contribution to this project.

**YOUR OPINION
MATTERS**

We expect to complete the FMT survey and begin analysing the data provided by the respondents by the end of 2021. Due to the large number of patients the CDD has treated with FMT, we hope that this research study will inject a significant amount of data into the global FMT research community which will not only benefit patients in Australia but also across the globe.



Publications from the CDD in the Past Year

Full Text Articles:

1. Dietary intakes of recipients of Faecal Microbiota Transplantation: An observational pilot study. <https://www.mdpi.com/2072-6643/13/5/1487>
2. A Comparative Clinical Study of a Novel Pre-Colonoscopy Bowel Capsule Preparation Against Two Commercially Available Liquid Preparations. <https://www.frontiersin.org/articles/10.3389/fmedt.2020.622252/full>
3. Long-Term Bacterial and Fungal Dynamics following Oral Lyophilized Fecal Microbiota Transplantation in Clostridioides difficile Infection. <https://journals.asm.org/doi/10.1128/mSystems.00905-20>
4. Detection of SARS-CoV-2 from Patient Fecal Samples by Whole Genome Sequencing. <https://gutpathogens.biomedcentral.com/articles/10.1186/s13099-021-00398-5>
5. High prevalence of Crohn disease and ulcerative colitis among older people in Sydney. <https://onlinelibrary.wiley.com/doi/10.5694/mja2.50910>
6. Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19). <https://rcm.imrpress.com/EN/10.31083/j.rcm.2020.04.264>
7. Response to faecal microbiota transplantation in ulcerative colitis is not sustained long term following induction therapy. <https://gut.bmj.com/content/early/2020/12/10/gutjnl-2020-323581.long>
8. Crohn's strictures open with anti-mycobacterial antibiotic therapy: A retrospective review. <https://www.wjgnet.com/1948-5190/full/v12/i12/542.htm>
9. Strain population structure varies widely across bacterial species and predicts strain colonization in unrelated individuals. <https://www.biorxiv.org/content/10.1101/2020.10.17.343640v1.full>
10. Faecal Microbiota Transplantation alleviates symptoms of depression in individuals with irritable bowel syndrome: A case series. <https://www.sciencedirect.com/science/article/pii/S2590097820300264>
11. Putting Crohn's on the MAP: Five common questions on the contribution of Mycobacterium avium subspecies paratuberculosis to the pathophysiology of Crohn's Disease. <https://link.springer.com/article/10.1007/s10620-020-06653-0>
12. Faecal Microbiota Transplantation is Effective for the Initial Treatment of Clostridium difficile Infection: A Retrospective Clinical Review. <https://link.springer.com/article/10.1007/s40121-020-00339-w>



13. Defined microbiota transplant restores Th17/ROR γ t + regulatory T cell balance in mice colonized with inflammatory bowel disease microbiotas.
<https://www.pnas.org/content/117/35/21536>
14. Anti-Mycobacterial Antibiotic Therapy Induces Remission in Active Paediatric Crohn's Disease. <https://www.mdpi.com/2076-2607/8/8/1112>
15. Two-day enema antibiotic therapy for parasite eradication and resolution of symptoms. <https://www.wjnet.com/1007-9327/full/v26/i26/3792.htm>
16. Fungal Trans-kingdom Dynamics Linked to Responsiveness to Fecal Microbiota Transplantation (FMT) Therapy in Ulcerative Colitis.
<https://www.sciencedirect.com/science/article/pii/S1931312820301700>
17. Profound remission in Crohn's disease requiring no further treatment for 3–23 years: a case series. <https://gutpathogens.biomedcentral.com/articles/10.1186/s13099-020-00355-8>
18. Targeted Combination Antibiotic Therapy Induces Remission in Treatment-Naïve Crohn's Disease: A Case Series. <https://www.mdpi.com/2076-2607/8/3/371>
19. Australian consensus statements for the regulation, production and use of faecal microbiota transplantation in clinical practice.
<https://gut.bmj.com/content/69/5/801.long>
20. Metagenomic Hi-C of a Healthy Human Fecal Microbiome Transplant Donor. Microbiology Resource Announcements.
<https://journals.asm.org/doi/full/10.1128/MRA.01523-19>