



the Pulse

PRIVATE HEALTH MAGAZINE


A Healthscope Publication

March/April 2009

TRAGIC VICTORIAN BUSHFIRES

- a survivor's tale

**THE CLEAN UP CONTINUES FROM
THE TRAGIC BUSHFIRES IN VICTORIA**



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IN THIS ISSUE OF
thePulse

REBUILDING LIVES –
AND A HOUSE



EXPLANATION CALLED
FOR ON NSW BLOOD TAX



BATTLING A GAMBLING
ADDICTION



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REBUILDING LIVES – AND A HOUSE



1. THE BUSHFIRE SURVIVOR

The resilience and courage of Jenny Taylor (pictured above) shines through like a beacon in a valley of smoke, still smouldering in fire ravaged Victoria.

The 43-year-old Northpark Private Midwife lost the family home near Broadford, 60 kilometres north of Melbourne and everything in it except for some family photos.

But she's forever grateful that her husband Wayne, who stayed to fight the fires, daughter Caitlin (15) and sons Mitchell (11) and Lachlan (6) are all safe and well.

The Country Fire Authority estimates that the heat in the centre of any one of the many fires that hit the state on the 7th of February, was a staggering 1400 degrees Celsius travelling at over 150km an hour.

So with that approaching, Jenny admits to saying a prayer.

"I basically asked for my family to be kept safe, which they all were but to take whatever else they liked and they did," she said.

Jenny also accepts that while their family home was totally destroyed, a neighbour's house down the road and one right next door were untouched.

"It's the nature of fire, it was really nearly a Tattsлото draw and we were the unfortunate number that was picked out this time.

"We were directly in the path, the way the wind was blowing and in some ways our house burning down benefited the neighbours because it sheltered them. "It was just bad luck," she said.

Initially the family stayed in a holiday unit and later moved into a rental property in nearby Kilmore.

Jenny remains remarkably upbeat, despite her harrowing experience and hopes to rebuild and be in the new home by Christmas.

"We've been promised that all our plans will be moved through very quickly but it really will be time that will tell.

"You have to be optimistic for the future, you have to move on in some way and one brilliant thing about country communities, they have this wonderful ability to get on with life.

"It's going to take a long, long time for a lot of the bush to replace itself but once we get the first winter rains, it will start to green up, despite what we have been through we have a lot to look forward to" she said.

2. THE VOLUNTEER

If Kate Alexander has one regret about volunteering to assist the hundreds of bushfire victims in the days soon after the fire it was what she had to go through, physically and mentally.

She witnessed horrible sights of devastation, saw bodies in cars, lost to the fires, on the side of roadways and heard stories that will stay with her forever.

Despite leaving her fire threatened home, Kate decided to trade the relative safety of being out of the immediate fire zone by setting up a clinic to help others being evacuated after losing their homes and in many cases, loved ones in the fires.

Kate Alexander



She also established a second clinic at another fire base station and with a small team of recruits, treated wide ranging emotional and physical injuries from fire victims.

“Mainly it was cleaning out eyes, a lot of foreign bodies, treating people with asthma and chest problems from smoke inhalation along with cuts, bruises and burns,” she said.

Kate, also a Northpark Midwife worked at the clinics for 10 days with little sleep putting in 18-hour shifts.

She said other volunteers also helped way beyond what was expected of them.

“No-one got paid, through a radio appeal, I asked for a few hours from doctors and I’d get 10 hours from them, the nurses were the same, it was amazing how everyone just helped” she said.

Apart from the physical injuries, which were relatively easy to treat, the emotional problems were immense.

“We heard and saw everything that went on, we had to absorb it all as well as treating them physically and giving someone a hug was often enough to get them through for another few days.

“Everyone had lost someone, if it wasn’t someone close to them it was

a person they knew, these are close knit communities, we all knew who had died or had survived, we just had to hug them and let them talk, that’s what we did.

“It’s been a bittersweet experience, I get a lot out of just listening to people and helping people but at the same time it’s just not where you want to be but I will return, absolutely I will, the community is what keeps you there” she said.

3. COUNSELLING

When Northpark Private Psychologist Christie Arbuckle saw the extent of the bushfires, she realised people affected would need immediate and long term help in getting over the emotional stress of their experiences.

After a mandatory Police Check, Christie volunteered to assist as a Person Support Worker with the Red Cross, working as many hours as possible in the fire-affected areas.

“A lot of the time the people evacuated are in the tent cities set up for them with a lot of support services there but emotionally it may well be a very long term thing for many of them.

“They can still be in a state of shock, it may be that they are moving through mood changes, and mental state changes, having sleeping

difficulties, changes of appetite, all the different factors you look at for traumatic stress or depression.

“For many people it has been around looking after children, trying to work out what levels of stability they have and sometimes there’s survivor guilt from people who have found that their home is still standing, the ‘why me?’ is happening for those people” she said.

“They have to do a lot of self work, at the end of the day you can have a professional sitting in front of you but if you’re not ready to work through anything, it’s hitting a hard point I guess” she said.

The General Manager at Northpark Private at the time of the fires, Jane Pickworth said no one in the hospital was untouched by the unfolding drama with three staff members losing homes and another four evacuated as the fires closed in.

She said she was very humbled at the way staff worked together to help those directly affected by the fires.

Christie Arbuckle



BOOST TO NEW ZEALAND PATHOLOGY

Healthscope Managing Director Bruce Dixon said the company is looking forward to taking up its pathology contract with Auckland Region District Health Boards in New Zealand following a lengthy court case brought by competitor Diagnostic Medlab.

Mr Dixon said the Labtests operation will be ready to take on the contract in August of this year, but is awaiting advice from the

Boards as to the specific contract start date.

DML lodged an appeal to the Supreme Court against the 2006 decision by the Auckland, Waitemata and Counties Manukau District Health Boards to award the contract to Labtests.

In a written statement, the Health Boards said the decision brought to an end the uncertainty of the past few years and allowed the Health

Boards to focus on completing a smooth transition of services from one pathology provider to another.

At the time of awarding the contract to Labtests in 2006, the Boards said the move would save them \$120 million over eight years.

Mr Dixon said Labtests' recruitment program aimed to retain the skills of DML's staff in its Auckland laboratory.

He said the team had been working with the three Auckland district health boards and will be in a position to take up the contract in August.

ULF LINDSKOG APPOINTMENT

Ulf Lindskog is settling into his new role as CEO of Labtests in the New Zealand city of Auckland and says it's an exciting time for himself, his partner Tracey and Healthscope.

The new role involves the establishment, commissioning and initial operations of the Labtests in Auckland.

Ulf, who took up the position last month, says it provides some very good challenges.

"The biggest is setting up the Labtest

organisation, recruiting staff and getting the Collection Centre network up and running," he says.

Director, Corporate Strategy Business Development, Joe Czyzewski says the establishment of the Labests business is of critical importance to Healthscope and it's continuing role in New Zealand.



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MANY DYING NEEDLESSLY - SURVEY

It's a controversial finding and one that the Victorian medical community continues to debate, a survey, which found that more than sixty per cent of people under the age of 75 in the state die needlessly each year.

Why? – Mainly through lifestyle related conditions like heart attacks, stroke and some cancers, which the study, for the Victorian Government, found could have been avoided.

One of the most disturbing findings of the report, taken over a six year period, was the number of avoidable deaths of young people, aged between the ages of 15-29 through road accidents, suicide and from poisoning by drug and alcohol overdoses.

While deaths from the number of drug and alcohol deaths has doubled in that period, the Chairman of the Mental Health Foundation, Professor Graham Burrows is not surprised.

Professor Burrows, who has a practice at The Melbourne Clinic, said many of the deaths among young people are avoidable.

“I believe that more has to be done in health promotion and illness prevention and that includes the usual things related to good diet, good exercise, healthy patterns, minimal use of alcohol and no use of drugs of addiction” he said.

Professor Burrows said while education campaigns can help, they are not always listened to.

“Some people do, some don't, and that's the problem. One of the things that the Mental Health Foundation has been trying to do, a Foundation strongly supported by Healthscope, is getting the message out to more young people.

“We're running a program called Resilience Australia which concentrates on the three to

13-year-olds because it's often too late to deal with many of the problems we encounter by the time they move into adolescence,” Professor Burrows said.

But by far the biggest number of avoidable deaths, identified by the report, was from heart disease with almost 13,000 deaths in the six-year period.

The National Heart Foundation said 46,000 Australians die every year from heart attacks, stroke or blood vessel disease.

National CEO, Dr Lyn Roberts told The Pulse Magazine that while there is no single cause for cardiovascular disease, there are modifiable ways to reduce the risk of heart attacks.

“These modifiable risk factors often relate to lifestyle. In 2004-05, more than half of all Australian adults were either overweight or obese.

“Studies show the incidence of obesity was most common in Australians aged 50 to 59 years, at around 24% for men and 30% for women.

“To make matters worse, more than half of all Australians are not doing enough physical activity,” Dr Roberts said.



Professor Graham Burrows

“Generally, baby boomers are eating more and being less active, leading to weight gain as we get older.

“Those extra kilos and lack of daily exercise are two major risk factors for cardiovascular disease, so there’s an opportunity to make a few small lifestyle changes now, which could make a big difference in the future.”

“Another major risk factor is smoking, quitting smoking is actually the single most important thing you can do to reduce your risk of cardiovascular disease”, Dr Roberts said.

Number of avoidable deaths:

Heart Disease	12,956
Lung Disease	7,238
Bowel Cancer	4,598
Suicide	3,726
Breast Cancer	3,223
Pulmonary Disease	3,156
Stroke	2,628
Diabetes	2,562
Road Accidents	2,477
Poisoning	1,396

(*Victorian Government Report)

Cardiologist at The Ashford Hospital in Adelaide, Dr Bronte Ayres agrees that many deaths from heart disease can be avoided.

“Fifty percent or more of all heart attacks are in the first hour, generally before people get to hospital so getting those people to hospital with heart attacks is vital but it’s even more important for people to recognise problems before they have their heart attack.

“Most of the deaths that occur from heart attacks occur almost instantly and they are preventable by recognising angina”.

Dr Ayres said people with risk factors including smoking; high blood pressure or a family history of heart disease should be pro-active by having appropriate tests and checks to determine their risk level.

“If people are having unnecessary heart attacks and then immediate death because that what happens sometimes, if you can avoid the

heart attack by having identified angina or the things that predispose to angina, you can never have a heart attack” Dr Ayres said.

Dr Ayres said men have the greater number of heart attacks but often don’t seek help.

“Men have got this immortality complex of some sort, it won’t happen to them every pain in the chest is indigestion or I’ll wait till it happens again before I tell anybody and then they don’t tell anybody.

“Men more than women are reluctant to seek medical advice, they don’t like to create trouble, ripples or look weak” he said.



Dr Lyn Roberts

AWARENESS INCREASES FOR POSTNATAL DEPRESSION

The cases of postnatal depression, on paper at least, are increasing but many experts and new mothers agree that is because there is now a much greater understanding of the problem.

Not too many years ago, there was a significant stigma about postnatal depression with many new mums ashamed of not being able to cope with their newborn.

Professor Anne Buist is the Director of Women's Mental Health at Northpark Private Hospital in Melbourne and one of the leading experts in this field.

She said once postnatal depression is recognised as a mental illness and very treatable, much of the stigma and self-loathing disappears.

"It's probably better called perinatal depression because while health

professionals are better at picking the postnatal depression and not symptoms that could reveal themselves earlier, that's often put down as just part of the pregnancy and it will get better but often it doesn't.

"It's important to remember that this doesn't just start postnatally, that it can start earlier, it's a depressive illness that usually, in some way, is related to pregnancy and it may relate in a number of ways.

"Pregnancies can be quite stressful and having a baby can be very stressful, there are a lot of biological changes and psychological changes associated with having a baby.

"These can trigger off feelings of what initially can be just sadness but can go on to be a significant period of lowered mood, anxiety, of not being able to cope with their baby, of feeling overwhelmed and at times it can be so bad that they just wish they didn't wake up in the morning" she said.

Professor Buist said it's vital that women suffering postnatal depression seek help.

"Talk to someone, talk to the maternal child health nurse or their GP, don't be ashamed, this is really common" she said.

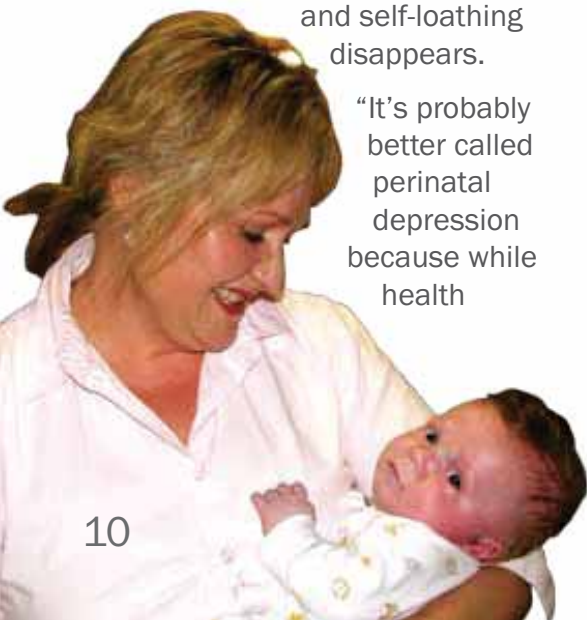
As awareness of the problem increases, more and more treatment facilities become available, in Hobart at St Helen's Private, which runs a Mother and Baby Unit.

General Manager Andrew Cashion said admissions to the unit are for feeding problems, babies with settling problems, mothers with a sleep disorder and postnatal depression.

"Over the past few years, its predominantly been feeding and settling issues but now we're finding that seventy percent of our admissions are postnatal depression," he said.

Mr Cashion said while many newly diagnosed women are uncomfortable at being admitted under a psychiatric diagnosis, acceptance is improving.

"There is more discussion around with the support of Mother's groups and talk about friends who have been into the unit and that is making



it much more acceptable and not something to be hidden or ashamed of” he said.



GM Andrew Cashion

Dr Geoff Powell who sees many young mothers with postnatal depression at St Helen’s agrees that the illness is being much more accepted than in the past.

“Generally, postnatal depression is being more accepted than it was 20 years ago, there’s more education in the community and with General

Practitioners to pick up on this illness and there’s an increasing acceptance of the need for active treatment of the need to manage these women.

“I think the support that mothers give each other on the wards is an important part of any unit like this and an understanding of the problems that other patients have struggled with is helpful for them and we find the same applies for fathers as well,” he said.

Dr Powell said postnatal depression is being picked up more regularly in the community and mothers are regularly screened, looking for the illness.

“For a lot of these mothers in patient care, it’s essential that the difficulties of managing a young baby when they are depressed are pretty significant and it can have detrimental effects on the mother, the baby and the rest of the family” Dr Powell said.



Dr Geoff Powell

Professor Buist agrees that many new mothers find adjustment to their new offspring is often hard to make.

“Postnatal depression affects around 16% of women and then on top of that there are 30% with adjustment disorders, so that’s almost half of women having a baby who have periods of time where it’s not what they thought it was going to be,” she said.

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FROM THE MANAGING DIRECTOR

Healthscope has made a good start to 2009 with the recently announced half-yearly results, as reported in this edition of *The Pulse Magazine*.

In short, all of our efforts resulted in a lift in Net Profit before Non-Recurring Items of 9%, a very strong result in turbulent financial times and even though the health sector is less impacted from the general business downturn, it is not immune and it will take solid leadership and a combined team effort to continue this outlook.

Healthscope intends to continue its forward planning program of capital project investments including upgrades of facilities across the country.

We hope that state governments will see the tremendous opportunities these expansion plans create in their states and will work with us to get projects on the board that will add significantly to the private health sector and the comfort of patients.

But it will also create many much-needed jobs at a time when many sectors are cutting back on workforce numbers.

Estimates put the additional jobs at

around 6000 across the states in construction and operational areas.

Frankly, we need state government assistance to get these projects up and running as quickly as possible, to eliminate unnecessary bureaucratic red tape that has delayed plans in the past.

I am sure that this will be forthcoming, that everyone, those of us working in the private health sector, politicians and bureaucrats will see how important forward projects are to Australia getting back on its economic feet again.

Could I now say a few things about the recent horrific bushfires that devastated Victoria in February with its terrible loss of life, of property and of infrastructure.

All of us have seen the tremendous outpouring of love, goodwill and support to those affected by the fires.

I have seen it through the generosity of our Healthscope people in their financial support and through the volunteering work of many of them. This company is matching dollar for dollar the many appeals launched within the organisation.



Seven staff members lost their homes in these fires, several others had to evacuate, fearing the loss of their homes, it was a terrible time and a time when all of them needed and received our support – that support will continue as long as they need it.

Bruce Dixon.

Healthscope staff have raised an amazing \$47,240.95 for the Victorian Bushfire Appeal.

With that amount being matched dollar for dollar by the company, a total of \$100,000 will be donated in total to the Appeal.

Staff have decided to donate \$80,000 to Red Cross and \$20,000 to Wildlife Victoria to assist in the recovery and care of all animals injured in the fires.

STRONG PERFORMANCE IN HALF YEAR RESULTS

Healthscope has performed strongly in its half yearly results announced in February.

The company announced a Net Profit after tax, before Non-Recurring Items (NRI) of \$40.3 million, an increase of 9% over the half yearly results to December 2007.

There was strong operational performance across all divisions with double-digit revenue and EBITDA (earnings before interest tax depreciation and amortisation) growth on last year.

Total revenue was \$827.2 million, up 14% over the half yearly result to December 2007 with EBITDA up by 16% to \$111.5 million.

Operationally, there was strong revenue growth across all divisions, underpinned by growth in the core hospitals segment and significantly about market growth.

Australian Pathology revenues increased by 15%, also significantly above market growth while New Zealand, Malaysia and Singapore operations did well.

Managing Director Bruce Dixon said the strong first-half result gives the company confidence that the revenue growth experienced in both hospitals and pathology will continue in the second half of this year.

He said focus would remain on gaining market share while maintaining margins in both sectors.

Full details of the Half-Year results are available at:

www.healthscope.com.au

URGENT NEED FOR MORE MENTAL HEALTH BEDS

Construction is underway at The Melbourne Clinic to provide much needed additional private mental health beds.

Director of Nursing, David Rodda says another 48 private mental health beds will be provided at the Clinic once construction is complete, around the end of the year.

Mr Rodda says there has



Surveying the site are Luke Perry, Peter Mazzilli and David Rodda

been a growing need for extra places in a number of programs, in both the general and specialist areas of mental health.

The new complex will also provide much needed extra space for consulting psychiatrists and support personnel, along with a multi-storey car park.

OPTIMISTIC BUT MORE NEEDED FOR HEALTH SYSTEM SAYS KELTY

Former ACTU leader Bill Kelty is optimistic about Australia's economic future despite the current world financial downturn.

Addressing a dinner for Healthscope General Managers in Melbourne, Mr Kelty said adjustments made by Australia over the last couple of generations and our proximity to burgeoning areas of growth including China and India, place Australia in a better position than many other countries.

"We're a very adaptive nation, we can take pressure, make change, and we've done it before.

"I think whatever may be said of the previous recession, we did come out of the recession a different and a better country and we do have that capacity.

"However having said that I don't think we should overstate our independence from the rest of the world, we can't have it both ways, we can't say we have a more internationalist view as the world changes, we can't escape it" he said.

Mr Kelty said while the Federal Government financial incentive

package is a 'bit cobbled' it is a step in the right direction.

On health, Mr Kelty described Australia's health system as 'moderately good' but believes it should and could be improved with an injection of capital.

"There is universal access to it but I don't think if we want to be the best in the world, moderately good is good enough.

"To be the best - and people deserve the best - we probably have to put more resources of the nation into it which means effectively it just has to have more expenditure, it has to be a bigger proportion of the GDP, it has to take part of the growth dividend of the nation.

"Governments have to be prepared to spend more, I don't think if you take the ageing of the population and the trends in terms of aged care and health that you could assume that the past levels of expenditure are going to be adequate.

"Therefore it does necessarily and logically follow that you need to spend more money which means that an increasing part of the growth dividend of the nation must be allocated to healthcare" he said.

Mr Kelty also believes there is a continuing need for the public and private health care sectors to work closer together to reduce the risk of wasted resources.

"As I have said we have a moderately good system and one of the ways it can be improved are obviously the public and private systems to work together.

"This in the end is not a competition between public and private, if it is then no progress will be made, this is an issue based on need and it can be distributed in the public system and it can be distributed in the private system" Mr Kelty said.



Bill Kelty

NEW CANCER DIAGNOSTIC METHOD DEVELOPED

Healthscope and Circadian Technologies have signed an agreement to commercialise a novel diagnostic technology for so called Cancers of Unknown Primaries (CUP), which it's hoped will lead to earlier diagnosis, and improved treatment outcomes for people with these types of cancers.

CUP are tumors that have spread to various organs but whose original site in the body has not been found. CUP is the fourth most common cause of cancer deaths in Australia and comprises approximately 4% of all cancers.

The diagnostic method was developed in collaboration between Circadian and the Peter MacCallum Cancer Centre.

The Director of Peter Mac, Dr David Bowtell said it is gratifying that this product will be made available to

Healthscope clinicians to further develop, clinically validate and market the test throughout Australia, New Zealand, Malaysia and Singapore.

The CUP diagnostic methodology identifies a patient's tumour type by comparing its pattern of gene expression to a database of known tumours. By correctly identifying a patient's tumour type, clinicians can develop a more effective treatment strategy for the cancer.

The Director of Healthscope's Molecular Division, Dr Keith Byron said the company is excited to be commercialising this groundbreaking diagnostic technology.

"This methodology adds to our existing focus on developing diagnostic tools for doctors throughout our 43 hospitals and the health care industry in general" he said.

The CUP is the second large partnership announced by Healthscope's pathology division this year in an effort to improve diagnostic services to oncology patients. In January of this year Healthscope became a partner of Genomic Health in the USA, who offer Oncotype Dx testing.

Oncotype Dx is a clinically validated, multi-gene assay that provides a quantitative assessment of the likelihood of distant breast cancer recurrence and also assesses the benefit from chemotherapy. The test is performed on paraffin-embedded breast cancer tissue.

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PLEASE EXPLAIN FROM MINISTER ON BLOOD TAX

Federal Health Minister Nicola Roxon has asked her NSW counterpart, John Della Bosca to explain his attempts to impose a tax on blood products in private hospitals in that state.

In answer to a question in the House of Representatives, Ms Roxon said she was worried about reports of the \$8 million dollar Blood Tax on private patients.

Ms Roxon said she is extremely worried about the reports and had sent a "please explain" letter to Mr Della Bosca.

"When the news was first conveyed through the media that these steps were proposed to be taken in the NSW Budget, I asked my Department to urgently remind the NSW government that there is an agreement with the Commonwealth and all states and territories that blood products will be provided free of charge" she said.

Ms Roxon said she had written to Mr Della Bosca asking if the reports are accurate.

"We certainly are very concerned and we will be making sure that the agreement that is already signed onto by all jurisdictions will be adhered to" she said.

In response to an inquiry from *The Pulse Magazine*, a spokesperson for the Minister said while the NSW Government has acknowledged the Minister's concerns, it has failed to provide sufficient detail.

The spokesperson said the Minister has pressed the NSW Government to provide more information on the proposal.

Mr Della Bosca was unavailable for comment.

Healthscope Managing Director Bruce Dixon said it was unconscionable that such a tax was considered when all Australians give blood to provide it free of charge to anyone who needed it, regardless of where they were treated.



The poster displayed in Private Hospitals against the proposed tax.



Nicola Roxon

Super and share markets: what can you do?

How's your super doing?

This question means a lot in times of economic uncertainty. Your super's an investment, and investors everywhere are feeling the effects of market volatility.

What can you do when share markets seem unstable? The best response depends on your goals.

Keeping your cool

Super is best viewed as a long-term investment — even if you retired tomorrow, you might stay invested for another 30 years.

Although you may consider investing conservatively to try to avoid future downturns, reacting after market fluctuations occur might not be ideal.

It may cause investors to sustain losses that they could have avoided if they'd maintained their investments until the market recovered.

They might also miss the benefits of upswings that may occur as economic uncertainty subsides.

Where to invest now?

Market fluctuations shouldn't change your goals — you'll still need super to enjoy retirement.

Invest in undervalued assets can give you the chance to benefit from any future market gains. And super's concessional tax rate makes it an outstanding long-term investment.

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Get a better grip

Get a better grip on your super in five steps.

- 1. Work out what kind of investor you are.** Complete the quick Risk Profiler at www.hesta.com.au/calculate to get an idea of your current attitude to investment.
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at www.hesta.com.au/yourchoice. Do they match? Would you be happier with another option?

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BATTLING A GAMBLING ADDICTION



Matilda knew she was in trouble and had a real gambling problem. Although her husband had a good job with a high income, she had an insatiable urge to play the poker machines at the local club.

Once the children were at school, 38-year-old Matilda would spend the rest of the day in front of the poker machines in a desperate but losing bid to win back the thousands of dollars she had already lost.

Her addiction was so bad she borrowed from the bank against the family home without telling her husband or seeking help until the bank took action to foreclose.

Matilda's gambling addiction was so bad she sometimes forgot to collect her children from school, she was an addict leading a double life that was destroying her.

Dr Zachary Steel, a Consultant Clinical Psychologist at The Sydney Clinic said Matilda is just one example of thousands of Australians, from all walks of life, in a similar position.

He said she eventually sought professional help and with the added support of her husband she got through the other side of a severe gambling addiction.

However he said many people are not as fortunate with many relationships breaking down through gambling stress.

The continuing need for help and support from a gambling problem is one of the reasons behind a new Gambling Addiction Program underway at The Sydney Clinic.

Over eight weeks, participants take part in an outpatient psychological treatment program for gambling addiction which Dr Steel said is the best proven way of treating a gambling problem.

“The effect of Cognitive Behaviour Therapy on recovery is about three times larger than drug therapies alone.

“One of the main areas of focus in our program involves interventions to help people





manage the urge to gamble which is one of the most difficult things that people experience because as they think about their gambling behaviour they get this real rush of excitement and an incredible drive to go to a gambling venue.

“It often comes at a Teller Machine or if they see a place to gamble, the idea comes to them like a lightening bolt that I could gamble this and I could make more money even though from a common sense perspective that’s totally irrational thinking.

“However the drive is so strong that people say before they know it they find themselves before a

poker machine or in the TAB placing a bet” he said.

Dr Steel said one of the most powerful interventions to help to control this is a procedure called imaginal desensitisation.

“This helps people to gain some control of those urges by eliciting that excitement but this time teaching them responses that promote coping and staying calm and relaxed, it’s what we call a drive reduction component to the treatment” he said.

Dr Steel said international evidence suggests that up to 80% who enter these programs have significant improvement to their gambling addiction.

Full details on the program are available by contacting Dr Zachary Steel at: z.steel@unsw.edu.au

“However the drive is so strong that people say before they know it they find themselves before a poker machine or in the TAB placing a bet”

BIG MOVE BY HEALTHSCOPE IN NSW MEDICAL CENTRES

Healthscope is consolidating its position in eastern Australia with three new medical centres opening at the rate of one a month since the beginning of the year.

This ambitious move follows Healthscope's launch into the NSW medical centres market last September, with the opening of the a clinic at Five Dock in Sydney's inner-west.

The Barwell Medical Centre in Castle Hill is a new facility located next door to the site of an opposition clinic that closed down last year.

In addition to the services traditionally offered by community clinics, the Barwell Medical Centre also incorporates a Skin Cancer Clinic.

National Business Development Manager for Medical Centres, John

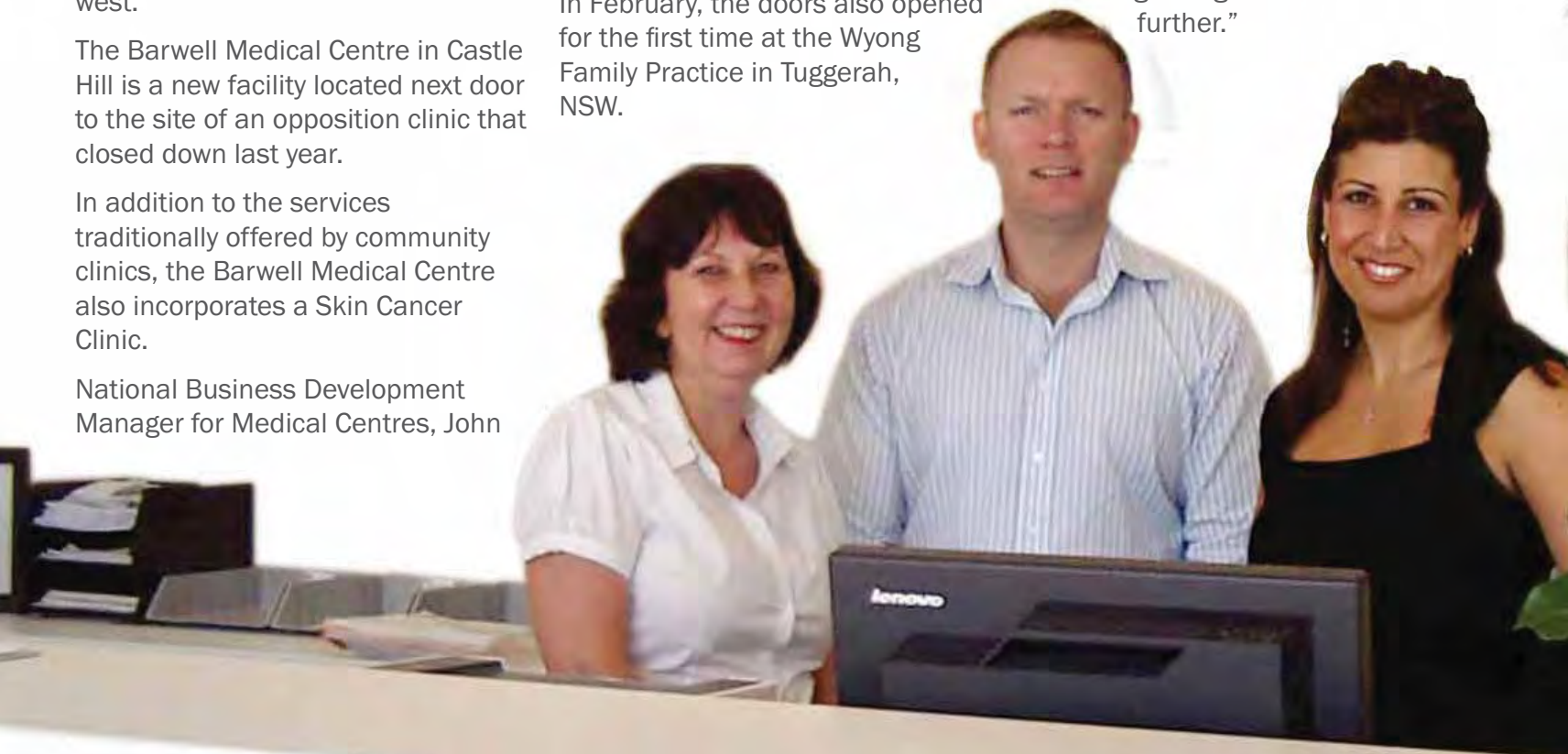
Burns, said he was also pleased that Healthscope could make a difference with its own "super clinic" at Belconnen in the ACT.

"The newly established North Canberra Family Practice brings together six medical practices to form a "mini-casualty" department open from 7am until 9pm every day" he said.

In February, the doors also opened for the first time at the Wyong Family Practice in Tuggerah, NSW.

Healthscope Chief Operating Officer for Medical Centres, Andrew Sando, said the regional expansion was much more than just a few shopfronts.

"We've built these clinics from the ground up and made a real commitment to serving the communities of Belconnen, Castle Hill and Wyong, and we look forward to growing our services even further."



MINISTER VISITS

The Minister for Mental Health in Victoria, Lisa Neville discussed a number of issues relating to eating disorders when she visited The Melbourne Clinic recently.

In particular, she sought details of the Eating Disorders Program at TMC.

She said the State Government is looking at a number of good models of care in this area that get the best outcomes for young people.

The Minister said the visit was part of getting information and talking to experts in the area.

“As our understanding of eating disorders develop, given the extent of the illness across young people, we need to keep developing our skills and our understanding of eating disorders to make sure our young people do get the best care” she said.

With the Minister (centre) are Program Co-ordinator at The Melbourne Clinic Anna-Marie Thompson (L) and Program Director, Dr Chia Huang (R).



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A HEALTHIER AUSTRALIA – AIM OF TASKFORCE

Dr Rob Moodie has an interesting analogy for the challenges facing the National Health Preventative Taskforce, which will seek to make Australia the world's healthiest country by 2020.

"It is like a football match where you have 100,000 people who need more exercise watching 36 people who don't, now while health can't be a spectator sport, it has to involve everyone" the taskforce head says.

To that end, Moodie and his taskforce are working on a range of preventative health strategies that need to involve the entire Australian community.

Their aims are ambitious and some may say far fetched, but the taskforce has four major goals: halt and reverse the rise in overweight people and obesity; reduce the prevalence of daily smoking to nine per cent or less; reduce the prevalence of harmful drinking for all Australians by 30 per cent; and contribute to the 'Close the Gap' target for indigenous people, reducing the 17-year life expectancy gap between indigenous and non-indigenous people.

"I have no hesitation in saying this is an extremely tough challenge but we

are convinced we can achieve these targets by 2020 and control the very strong pressures on the private and public health systems.

"That will help control the demands of major increases in cost in terms of cost to health care and the demand for health services," he says.

What gives Dr Moodie such confidence are developments such as the falling rate of smoking over the past 25 years as well as community attitudes to preventative health.

"We believe we have the community right behind us on this issue and that is very powerful when you have a community who want to be healthier and are seeking to be healthier," he says.

"Now despite the evidence, some influential people within the community still do not believe that prevention works, or that population behaviour can change.

"Vested interests such as tobacco companies will do everything in their power to discredit or dilute prevention programs," he says.

In order to overcome the power of the bottom line, Dr Moodie says restrictions on alcohol and cigarette

advertising as well as encouraging people to eat healthier has the capacity to help the taskforce meet its aims.

Resorting to another sports analogy, Dr Moodie says he finds it disturbing that a fast food chain and a brewer sponsor the Australian cricket team.

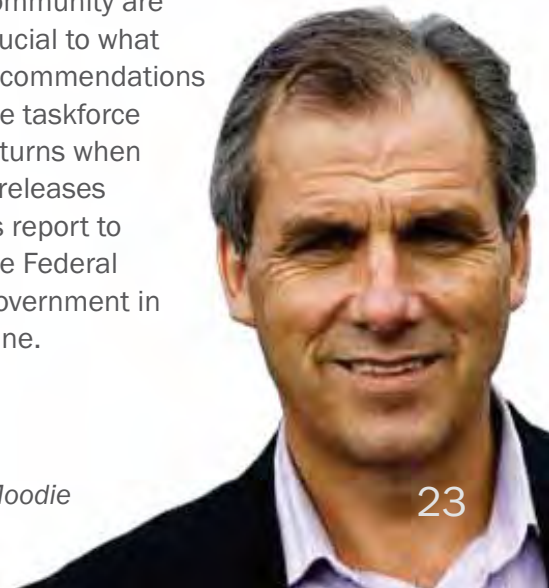
"That can only reinforce in a huge number of young Australians that eating fast food and drinking beer is the only way to go. We beg to differ.

"What we are saying is we want to see advertising that promotes healthier products low in fat, salt and sugar.

"We are seeking to reduce the amount of people going to hospital by preventing illness in the first place," Dr Moodie says.

The implications for the Australian health sector and the health of the community are crucial to what recommendations the taskforce returns when it releases its report to the Federal Government in June.

Dr Rob Moodie



PUBLIC HOSPITAL WAITING LISTS – LITTLE PROGRESS

It's been a campaign that Healthscope has been running for well over a year with a warning that waiting lists in public hospitals would continue to lengthen unless these hospitals stop actively seeking privately insured patients who are taking up beds at the expense of public patients.

Healthscope Chief Medical Officer, Dr Michael Coglin said despite the self interest of the public sector in chasing privately insured patients, their very patients are the losers as beds are allocated to private patients, without being given an option of being treated in a private facility.

Dr Coglin said waiting lists in public hospitals could be eliminated in the short term if public hospitals kept the majority of their beds for uninsured patients.

"It's a continuing dilemma right across Australia, one of the public sectors making and one which will continue while they claim that private hospitals can not treat the majority of patients public hospitals admit.

"This claim flies in the face of figures from the Private Health Insurance Administration Council which reveal that of approximately 660 diagnostic categories of patients treated in acute hospitals, private hospitals treat patients in 653 of these categories.

"Clinicians well versed in the work of public and private hospitals estimate that at least 70% of the private patients in public hospitals could be treated in a clinically appropriate way in suitably chosen private hospitals" Dr Coglin said.

He said the number of privately insured patients admitted to public hospitals continues to increase across most states.

In NSW and the ACT the number of

insured days within public hospitals is now 32.2%, in Victoria, 20.6%, Tasmania, 19.7%, South Australia 17.7%, Western Australia 15.6%, the Northern Territory 11.1% and Queensland, the only state with a fall in numbers, 7.0%.

"We have no argument that patients should be given a choice when they are admitted but this simply is not happening, public hospitals don't offer patients the option of being treated in a private hospital" Dr Coglin said.

"We are not looking for a fight with the public sector but enough is enough and I believe the Federal and State Health Ministers should demand that this practice stops, in the interest of all patients.

However despite offering to meet with Federal Health Minister Nicola Roxon to discuss this issue and to work together to reduce waiting lists in public hospitals, the problem remains with little obvious political will to resolve it.



MR HAPPY – NOT WATCHING TV

A Professor of Psychiatry at The Melbourne Clinic, Isaac Schweitzer is backing a US study, which found that people who watch an excessive amount of television are generally unhappy.

Research from the University of Maryland found that happy people spend a lot of time socialising even going to church or reading newspapers but definitely not too much television.

The study took responses from 45,000 Americans collected over an incredible 35 years with those taking part keeping a ‘time diary’ of their activities.

Author, Professor John Robinson said activities were categorised as either ‘happy’ or unhappy pursuits.

“We looked at eight to ten activities that happy people engage in and for each one, the people who did the activities more, visiting others, going to church, all those things were more happy.

“TV was the one activity that showed a negative relationship, unhappy people did it more and happy people

did it less” he said.

Professor Schweitzer said happiness or unhappiness has been an area of study over the past couple of decades.

“It is important to ask what makes us happy and us psychiatrists are getting interested in it as well, we’ve been mainly interesting in finding out what causes unhappiness or severe depression and the reasons for that but also we need to know more about what makes us happy which may be helpful in preventing depressions of the future and helping patients recover more fully as well” he said.

He said the American experience is often mirrored in Australia.

“As the authors of this study say it isn’t clear about whether watching television makes people unhappy or whether it’s that unhappy people watch more television.

“It’s possible to think of explanations for both really and it may be that both contribute that in some ways, that watching a lot of television could add to unhappiness or that unhappier people watch

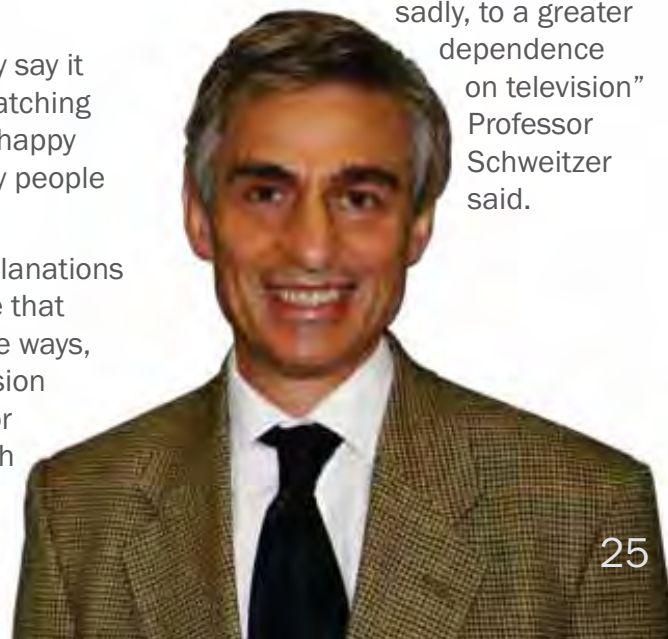
more TV” Professor Schweitzer said.

He said, in Australia, studies have discovered the benefits of getting out from in front of the television.

“We do know that people who have more friends, who have married and have family, the social interactions do increase the levels of happiness and involvement in the community also does increase levels of happiness.

“You’d think that people who are watching a lot of TV could be linked with isolation and not having the friendship groups so it’s quite easy to see that this would really lead to a vicious circle effect leading to greater isolation and

sadly, to a greater dependence on television” Professor Schweitzer said.



Professor Isaac Schweitzer

WORLD FINANCIAL CRISIS CHANGES THE RECRUITMENT LANDSCAPE

Changes to the world's economies are beginning to bite into the employment market, but in the world of nursing, the effects are not what you may expect.

While some predicted that the massive downturn in the UK economy would see an exodus of British nurses to Australia, it has not eventuated.

Healthscope National Nurse Workforce Manager Sue Leimann, said on the contrary, already four of the UK candidates expected to arrive this year have pulled out because of financial reasons.

"They've all said they've been unable to sell their house, or their partner's lost their job and they've had to dip into their savings so they are no longer able to accept the offer they've had from us."

"The other thing I found was an increase in the number of Indian nurses who are working in the UK who now have an increased interest to come to Australia, citing the improved standard of living in this country" she said.

Ms Leimann said she has also started receiving applications from

Australian nurses based in England.

"I understand in the UK there's a drive at the moment to recruit British nurses before they offer positions to Visa holders.

"So that's a change in direction which is why a lot of them are now defaulting and, as their contracts dry up, looking for alternative options," she said.



Although Healthscope also endeavours to fill vacancies locally, when demand exceeds supply, the company looks internationally.

"Our prominent areas are still the UK at the moment as well as in New Zealand but I'm also investigating Scotland to see what nursing staff may be available there" she said.

Ms Leimann said that in some Territories, red tape is the main culprit delaying the process for international nurses hoping to work in Australia.

"A couple of years ago we were getting lots of applications from South Africa but it seems to be increasingly difficult for nurses from that country to have their qualifications recognised here" she said.

“They've all said they've been unable to sell their house, or their partner's lost their job and they've had to dip into their savings ”

INVESTING IN NEW EDUCATION OPPORTUNITIES

By Fiona Langley

Clinical Development Facilitator

Healthscope's Education Programs continue apace in 2009, with scholarships, specialisations and stomal therapy topping the list of hot topics. As we commence the year we hit the ground running with 250 graduate nurses starting with in Healthscope hospitals in the months of February and March.

This year is proving to be unique with new opportunities arising for our healthcare professionals. Joanne Wade from Melbourne Private Hospital and Sofia Eleftheriadis from John Fawkner Private Hospital have gained scholarships via the Nurses First Bank and Cancer Council respectively and will complete their Breast Care Nurse qualification through Melbourne's La Trobe University

Karen Gillett Associate Unit Manager at John Fawkner Private Hospital has commenced her Masters of Advanced Nursing Practice and Palliative Care at the University of Melbourne. We wish her all the best and believe that Karen will be an asset to Healthscope

Finally, Clinical Nurse Specialist Christine Tobin will using her many years of nursing experience to pursue a Graduate Certificate

in Stomal Therapy through Mayfield Education Centre.

At Allamanda Private Hospital in Brisbane, graduates have been given a significant opportunity to dive straight into the deep end, working in the hospital's Intensive Care Unit. While the graduate program provides the added benefit of training new nurses to our high standards, policies and preferences, it is important to note that keeping up to date with their education is an invaluable asset to the nurses who undertake it.

At Healthscope we would like the opportunity to wish all staff that have commenced new programs this year good luck with their studies. There will be plenty of new opportunities this year within education at Healthscope, with the introduction of the Education cluster, I'm sure there will be a national approach to the development of new and exciting programs.



LIFE-CHANGE FOR WHEELCHAIR ATHLETE

Nazim Erdem is a bit of a legend at AQA, formally the Australian Quadriplegic Association, where he works as a Peer Support Co-ordinator.

He has won not one but two Silver Medals at Olympic Games for Wheelchair Rugby, a game, if you've ever seen it, which leaves you wondering how the participants ever survive!

Nazim, who was the guest of honour at the opening of the North Eastern Rehabilitation Centre in Melbourne late last year, has led two completely

different lives, the first ending through a diving accident as a 20-year-old.

He said he dived instead of jumped into shallow water at a Melbourne beach and suffered the obvious consequences.

"I knew it was shallow water but it was something that I'd done in the past however this time I think I tried to create a big splash, that people were going to remember but I think I went head first and broke my neck.

"I was laying the water for a couple of minutes until my friends realised

something was wrong and pulled me out, I couldn't move any part of my body, it was shattering" he said.

Eight months of rehabilitation later, Nazim realised his life had changed dramatically, but it was about this time he discovered the rough and tumble of wheelchair rugby.

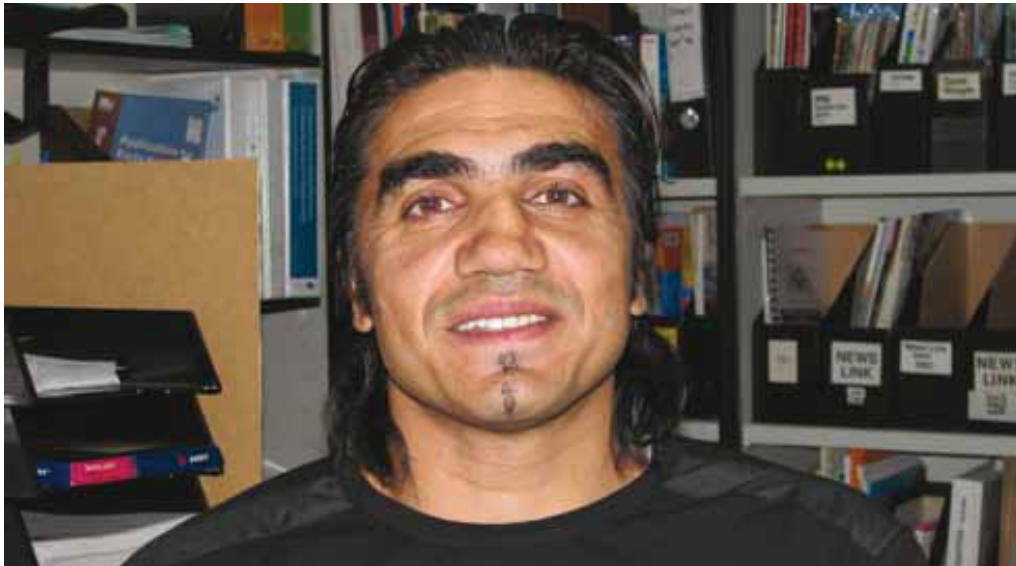
"I was introduced to wheelchair rugby when I was going through rehab, one night we went to the local competition, all these guys they were all quadriplegic, like myself, just crashing and banging into each other.

"Some were falling out of their chairs, someone would come and flip them back over and they'd all be laughing so it was good to see them play a physical sport again" he said.

Nazim was so enthused he took up the sport himself and was part of the team, which won silver at the Sydney and recent Beijing Olympic Games.

"It was so exciting, playing a sport at the highest level in front of thousands of people and millions of television viewers" he said.

So life for Nazim Erdem has certainly changed dramatically, but his life now is certainly fulfilling including helping other quadriplegics like himself.



CELEBRATIONS AT NORTHPARK PRIVATE

The Speaker in the House of Representatives, Harry Jenkins spoke of the good work done by private hospitals as part of Australia's health system at the recent 30th anniversary celebrations at Northpark Private in the Melbourne suburb of Bundoora.

Mr Jenkins, whose father was a doctor in the area and who is also the local Federal Member, said his family has a long history with the hospital going back to when it opened in 1978.

He said it is important that the public and private systems continue to work together for the best possible outcomes for all Australians.

The hospital was officially opened by the then Governor of Victoria, Sir Henry Winneke in January 1979 when it had 70 beds consisting of a medical and a surgical ward, two theatres and a downstairs Matron's flat!

In 1983, psychiatry was introduced and in 1993

a midwifery ward was built. It's estimated that over 15 thousand babies have been born at the hospital since that time.

These days, there are 112 beds, 350 staff are employed and Northpark has over 200 accredited specialists.



Harry Jenkins cuts the celebratory cake, assisted by Healthscope Chief Medical Officer, Dr Michael Coglin and Northpark GM, Jane Pickworth.



Long serving staff include: (L to R) Carol Sloan (29 years), Bernard Auriant (30 years) & Margaret Stone (26 years).

CAPTURING THE TOP END

Dieter Berghmans has a real passion for Australia, especially the outback, and living and working in Darwin gives him the opportunity to turn that passion into something real through photography.

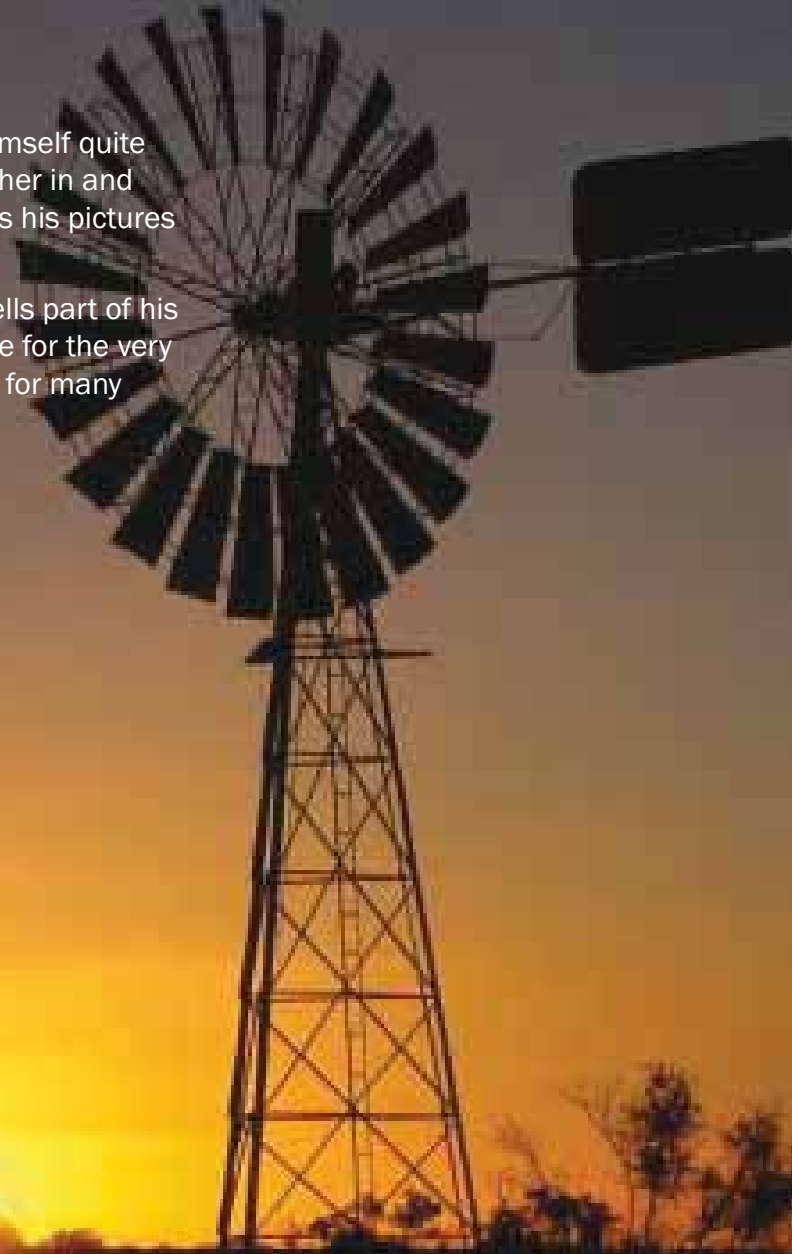
A nurse at Darwin Private Hospital, Dieter, originally from Belgium, fell in love with this country when he first visited here as a tourist.

“I fell in love with this huge and amazing continent, especially the space, the weather, the lifestyle and the people of the Northern Territory.

“This country has so much to offer and with its beautiful landscapes and wildlife, I decided to capture it through photography, even though I had little experience before I came here” he said.

Now Dieter is getting himself quite a name as a photographer in and around Darwin and sells his pictures at local craft fairs.

His picture (featured) tells part of his story which will continue for the very enthusiastic newcomer for many years to come.



EDUCATION THE KEY TO AVOIDING FATAL MEDICATION ERRORS

With the recent Oscar Awards stirring up memories of the tragic death of actor Heath Ledger, we are also reminded of the dangers associated with combining prescription medications.

In a time when many people are on complex medication regimens involving a mixture of prescription items, over the counter medications and complementary therapies, the risk of medication error is high.

In Australia alone, the Pharmacy Guild estimates that more than 140,000 hospital admissions annually are due to problems related to medication. The sad thing is, of these 140,000, 69 per cent were deemed to have been avoidable.

Ledger's unfortunate death is a tragic example of the result of additive side effects of pain relievers, anti-anxiety drugs, and

sleep inducing drugs.

The Pharmacist in Charge at HPS Pharmacies at Sunnybank Private Hospital in Queensland, Richelle Cox said there were a number of factors contributing to medication complications including the sheer number of tablets on the market and the culture of 'drug hoarding' where medications may become out of date.

She said the aging population and an ever increasing artillery of drugs used to combat their multiple health conditions has also resulted in a large number of people at risk of mixing up their medication.

Ms Cox said if consumers were informed about how to use their medications, and were aware of services available to assist in medication management, errors would be less likely to occur.

"Patients are less likely to inadvertently cause themselves harm if they are fully aware of all aspects of their medication."

"By facilitating an environment of open discussion, it's hoped that as pharmacists we can encourage patient involvement and understanding of their medication" she said.

*The National Prescribing Service is dedicated to providing patients with tools and resources to promote quality use of medicines. The website www.nps.org.au has useful links to aid patients in understanding their medications, and to promote their safe and effective use.



Richelle Cox

“Patients are less likely to inadvertently cause themselves harm if they are fully aware of all aspects of their medication.”

AMA PRESIDENT SUPPORTS ‘MAINTAINING THE BALANCE’

AMA President, Dr Rosanna Capolingua believes maintaining the balance between the private and public health sectors is one of the most crucial challenges facing Australia’s health system.

Dr Capolingua said retaining people within the private health system was an absolute key to taking pressure off the public health sector while maintaining a viable private health system.

“We cannot afford to continue to lose people who are privately insured to the public sector.

“Not only does it put pressure on the public health sector but it takes away the incentive for people to take up private health insurance” she said.

Dr Capolingua said that in order to minimise the “drop out” from private health insurance, it was essential the Federal Government did not make any changes that led to an increased exodus from the private health system.

“The private sector in Australia needs to be supported and it is already essential that there be a

balance between the private and the public sectors,” Dr Capolingua said.

There were already estimates that between 600,000 and one million could leave the private sector following the government’s changes to the Medicare Levy Surcharge.



Dr Rosanna Capolingua

The Federal Government had intended to raise those exempt from the surcharge to people on incomes of \$100,000 to \$150,000 but compromised by lifting them to \$75,000 and \$100,000.

But despite this, Dr Capolingua can see more people exiting the private system due to the economic downturn.

“Now with the new economic environment, many people may not be able to afford private health insurance, people like self-funded retirees, as private insurance premiums could go up and more people will drop out of the private system.

“The AMA will continue to speak out on issues and issues and strategies and make recommendations that continue to highlight concerns that may put patients at risk” she said.

COMMERCIAL PATHOLOGY MEETS CHANGING HEALTH AT WORK REQUIREMENTS

Football players are not the only group in Australia who face alcohol and drug tests on a regular basis.

Although they are often the public face for these types of tests, there's a growing requirement by Australian companies for employees to be tested for drug and alcohol in their bloodstreams that can present a hazard in the workplace.

This can include urine drug testing and screening testing and confirmation, following site sample collection on site.

Another rapidly developing area is pathology tests to assist insurance companies in assessing the health of prospective applicants, tests that include Hepatitis A, B and C, HIV, or for liver and renal failure.

The General Manager of Commercial Pathology for Healthscope, Erkam Kadiric said it's a rapidly growing field, which requires a high level of professional expertise with often a quick delivery of results.

He said it's an area ideally suited to Healthscope.

"In commercial pathology the clients are not just the doctors, they include businesses and often Medical Centres and Hospitals where Healthscope has developed an extremely high level of professional competence and respect for the way it does business which gives the company valuable contacts at all levels.

"It's impossible to cap the potential in this area and it's an extremely exciting field to be involved in" he said.

The Chief Operating Officer for Healthscope Pathology Operations,

Paul Waterson said requirements for commercial pathology have changed dramatically in recent years in wide ranging areas.

"It's not only drug and alcohol tests in the workplace or insurance and superannuation testing, many companies now seek pre-employment screening, participation in clinical studies for pharmaceutical and other product suppliers and environmental water testing for Legionella.

"When you consider these tests were sparingly used just a few years ago, they are now fast becoming the norm with many businesses relying on them for wide ranging reasons, not the least of which is employee selection or in some cases, rejection" he said.

Erkam Kadiric

PATHOLOGY REPORT... WITH PAUL WATERSON



Paul Waterson

The past twelve months has seen a growth in referrals substantially above the general market growth for the Healthscope pathology division and in my first column for *The Pulse Magazine* I would like to detail some of that growth.

To the end of November overall test services billed to Medicare by the industry increased 5.5% over the year compared to an increase for Healthscope businesses nationally of 7.8%.

There has been particularly strong growth in Healthscope developing businesses in Queensland, New South Wales and Tasmania. It has been pleasing to see the recovery of our Western Australian business whose referrals are up 10% on the same time a year ago.

Those markets where we have a larger market share, Victoria and South Australia, have seen a more modest growth but still larger than that noted by the general market in their respective states. Pathology generally is a highly competitive industry. It is very easy for our referrers to pick up a competitor's

request pad. The growth and capture of market share is a strong indication that the improvement in range of tests, turnaround time and customer service has led to improved service for our doctors and patients.

Industry Challenges

The pathology industry in general continues to face ongoing challenges with a reduction in Medicare rebates for some commonly ordered tests announced in the May 2008 budget. These cuts of \$180 million over four years are in addition to the 'grand cone' whereby we are unable to charge Medicare for more than three tests ordered by a General Practitioner.

Currently the Federal Government is undertaking a strategic review of pathology funding with the current Memorandum of Understanding between the industry and the Government expiring at the end of this financial year. The peak body representing private pathology practices, the Australian Association of Pathology Practices, has provided a raft of information to this review and looks forward to a positive outcome that will enable us to provide safe, accessible, cost

effective and affordable pathology services throughout Australia.

For more information on the current review and the industry in general I would encourage you to visit the industry website www.pathologyaustralia.com.au

New Pathologists

The quality of pathology services provided by Healthscope is heavily dependent on our pathologists. To that end we have been fortunate that a number of new pathologists have joined us this year. Dr Anne Warrell and Dr Karl Rodins joined our Queensland practice. Dr Desmond Reddy and Dr Robert Laing joined us from Davies Campbell de Lambert in Sydney. Dr Alex Nirenberg and Dr Malcolm Buchanan joined Gribbles Pathology in Victoria and Dr Ferlin Yap joined GPL in WA.

Molecular Pathology

Healthscope Molecular is one of the largest providers of DNA-based

testing in Australia, performing more than 150,000 tests per annum.

Healthscope Molecular's current research program focuses on the clinical utility of pharmacogenomics, an area of great excitement for the improvement of individualised drug selection and dosing.

Another area of research is in the clinical application of genomics, particularly in reference to cancer diagnosis. Shortly, our Molecular pathology division is partnering with Healthscope hospitals to develop and bring to market a number of Australian first oncology tests.

Commercial Pathology

With the appointment of Erkam Kadiric as General Manager, Commercial Pathology we aim to substantially increase our amount of commercial testing in 2009. Our main laboratory in Clayton has been redeveloped to enable the division to undertake large volumes of drug screening, environmental water testing and other industry screening programs. The year commences with a large-

scale community health-screening project carried out in conjunction with the Baker IDI (Heart and Diabetes Institute) on behalf of the Victorian Department of Health.

Gribbles Veterinary

Few staff would be aware that our Veterinary pathology division is the largest veterinary pathology organisation in Australasia. We are the preferred provider to the Department of Primary Industry in Victoria and Primary Industries and Resources South Australia. We also provide companion animal services to veterinary practices in Victoria, Tasmania, South Australia and New South Wales. The NSW service has grown particularly well this year with episodes up 40% on the same period last year. With the relocation of our pathologist Dr Stephen Yeomans from South Australia to New South Wales, this growth should accelerate this year.



DISTANCE NO TROUBLE FOR THESE TRAVELLERS

Many of us who work and commute in the city, complain bitterly and often about overcrowded trains, cramped trams or buses and the time it takes to get to and from the office.

But at least two staff members in Healthscope's Head Office in Melbourne take a totally different view.

National Procurement Manager Karen Shepherd Clark, commutes daily from Kyneton, a rural centre 95kms north of Melbourne.

Most of the time she catches the V Line train, but recently, she has been driving, taking the time to catch up on local news and music after spending her Christmas holidays in the United States.

"Suburban trains are so overcrowded it's like being a sardine in a can. It does get cramped on V Line – they need to add more lines – but from where I'm coming from, I always get a seat both ways.



Karen Shepherd Clark

"Occasionally you have those nightmare trips when you think 'Why am I doing this?' but the majority of the time it's really good," she said.

Coming to work from another compass point, Payroll Officer Kez Shields journeys from Warragul in West Gippsland about the same distance from Melbourne in the opposite direction.

It means getting out of bed at 5 each morning, but Kez believes it's worth it although while she's an avid iPod listener, she's not game to read.

"It's dangerous for me to start books because I'm one of those people

who can't put it down once I've started it," she said.

Like Karen, she has encountered the occasional problem with the rail system; mostly stemming from this year's very hot summer. Recently, it took her five hours to get home.

Kez says that she really doesn't mind such a long journey to work, as weekends with her country friends make the effort of the daily commute worthwhile.



Kez Shields

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A LONG WAY HOME

Jane (not her real name) is lucky to be alive.

Involved in a high-speed motor vehicle accident last year, the attractive 23-year-old suffered extensive head trauma and other injuries including various fractures, soft issue and internal injuries.

She was initially managed at an acute trauma facility in intensive care for several weeks. At times she was not given much hope.

Against the odds, Jane came through and so she was ready for the next phase of her care, being her rehabilitation phase. Her acute medical team decided to transfer her to

The Victorian Rehabilitation Centre in Glen Waverley, Melbourne for rehabilitation.

The team included a physiotherapist, occupational therapist, speech pathologist, neuro-psychologist, social worker, dietician and

rehabilitation nursing staff. A medical specialist in Rehabilitation Medicine oversaw the rehabilitation programme and provided direction to the multidisciplinary team.

Jane was admitted still in a state of Post Traumatic Amnesia (PTA), a state of confusion where the person doesn't have the ability to lay down memory and to remember events that occur after a brain

new events cannot be stored in the memory. People in this state may be partially or fully conscious but are confused and disorientated. The length of time a person is in PTA is used to estimate the severity of a head injury. Jane was in PTA for a number of months, indicative of a very severe acquired brain injury.

The General Manager of the Victorian Rehabilitation Centre,

Anne Howe says that an enormous amount of time and great commitment from the multi-disciplinary team is required to rehabilitate a person after an acquired brain injury.

“Sadly some patients only make minimal gains, but others show remarkable progress, often starting from a point where all hope seemed futile.

“Cases like Jane's fill all of us who work in this area with great hope for the future. None the less much of it rests in the determination and the will to survive of people just like Jane” she said.



Healthscope Community House residents Daimein Carter and Alatina Gali with staff member Leah Herrick

injury occurred. Intervention by the medical team at that stage was geared to maintaining her nutrition and prevention of soft tissue contractions and pressure care.

PTA is resolved when continuous memory returns, but when it lasts

Currently, Jane is at the stage where she can transfer from bed to chair with the assistance of one person. She has started to communicate verbally, even though this is minimal and while she now takes some food orally, her main source of nutrition is by a tube feed.

But there are optimistic signs of (slow) progress, and although she requires full care for her daily activities of showering, dressing and grooming, Jane recognises her family members and some staff.

Jane has now been transferred to Healthscope's new transitional unit at the rear of The Victorian Rehabilitation Centre.

Called Stepping Stones Community House the eight-bed unit was opened last December to cater for people like Jane.

Residents stay at the house for up to 18 months under the care of trained residential carers. Its motto – Stepping Stones to Independence.

And her next step?

Jane will be discharged to either home or another Healthscope community house. It's been a long road for Jane so far, but thankfully one she has not had to take alone.

TECHNOLOGY AND WAITING LISTS INCREASE DAY ADMISSIONS

Day admissions to Healthscope hospitals have grown 6% in the past 12 months, in line with national trends, and those at the coalface attribute the change to a combination of improving technology and public hospital waiting lists.

The kinds of operations undertaken as day surgery range from the minimally invasive procedures like cataract surgery, endoscopies, biopsies, gastroscopies and orthopaedics, to those traditionally done as inpatient like tonsillectomies, facelifts and breast augmentations and reductions.

Sue Thurbon, General Manager at Tweed Day Surgery, says that day surgery, by its very nature, is generally affordable for patients needing an alternative to the public system.

"If you need to go through the public system in Tweed Heads you can wait between six to 18 months for a colonoscopy. It can be extremely long and we actually get a lot of people through that

can have their service upfront fairly quickly at a reasonable price.

"We have a great deal of older population coming through our facility, particularly with endoscopy and eye surgery," she said.

Karen Salmon, Theatre Manager at The Hills Private Hospital in Sydney says that anaesthetic advancements have allowed more complex procedures into day surgeries.

"For example, nasal polyp removal used to be done with forceps and now we use a shaver," she said.

Sue Thurbon cites tonsillectomies as an example of the improvements.

"Anaesthetic agents are much improved these days, patients come in and recover a lot quicker from anaesthetics.

"With tonsils currently, normally what they use is a diathermy with a hot heat coagulation, but there's now a cold heat coagulation, which we use at Tweed Heads Day Surgery which actually prevents the severe pain that you get post-operatively" she said.



HEALTHSCOPE SNAPSHOTS ...

Geelong Clinic Nurse, Sue Eddy is feeling pretty chuffed at the moment, she has a photograph taken with former Prime Minister John Howard and his wife Janette along with her husband Tony Ellis and an award from the current PM, Kevin Rudd.

Sue is in the spotlight after receiving a My Favourite Australian Award for her work with the post-traumatic stress disorder program at Geelong Clinic.

Sue was one of 20 Australians to be named an Unsung Hero at an award ceremony in Canberra and says she was honoured and humbled by the recognition.

Heartening to see such a tremendous response from Healthscope staff to the appeal to raise funds to assist the victims of the tragic Victorian bushfires.





Still practising – Practice Managers from around the country met recently for a two-day development seminar. This happy lot from Victoria was just one of a number representing 50 Medical Centres Australia-wide. Is that Elvis in the back row?

There are just too many individual efforts to list them all but I am sure the Red Cross and other organisations that will receive the much needed financial assistance will be very grateful.

And one particular story from the bushfire donations, which touches the heart from Kym O'Brien, the Facilities Manager at John Fawkner Private Hospital in Melbourne.

"I was given a white teddy bear to take up, which was in a garbage bag, brand new. There was another bag of bears, which were added to the growing pile of toys. I put down the

big white bear, and on walking away dodged a young girl of about four as she went racing past. I turned around to see her crash tackle this bear and wrap it up in the biggest hug. I then heard "Mummy, how did she get from my room to here". I think the bear now has a new home. The little girl and her mum were both wearing the wristbands that they have given to people that have lost their homes.

Ollie Matthews from Head Office was kind enough to share some hilarious (and real) writings on Hospital Charts:

The Victoria Clinic was well represented at this year's Australia Day naturalisation ceremony in Melbourne with Mahinder and Sanjeeta Sharma becoming 'Dinky Di'.

Mahinder is a Security Guard/Orderly at TVC and Sanjeeta a Nurse. They are pictured with their daughter Nikita and MP, Peter Costello.

- Patient has chest pains if she lies on her left side for over a year;
- The patient is tearful and crying constantly – she also appears to be depressed;
- The patient has been depressed since seeing me in 1993;
- Discharge Status: alive but without my permission;
- The patient refused autopsy;
- While in ER, she was examined, x-rated and sent home;
- Patient was alert and unresponsive;
- Skin: somewhat pale but present.



Christine Mystek

Knox Private Hospital,
Wantirna, Victoria

What is your current role at Healthscope?

Switchboard Communications. I also do some Accounts Payable, Allied Health and Patient Fund Checking.

How long have you worked in the job?

23 years

What do you like most about it?

Providing customer service to my callers. For example: today, as I write this, a lady rang in for her mother and said she remembers my voice from 18 years ago when she was a patient here. Another lady rang and told me she remembers me from five years ago and asked if she could meet me today when she is visiting her husband, as she wants to put the face to the voice. Also I enjoy my Accounts Payable and Patient Fund Checking duties as that keeps me up with technology and it's such a challenge.

What couldn't you live without?

Family, six cats - I started off with two, adopted one from a neighbour who didn't want him, then three brothers turned up on my doorstep and didn't leave. I found the owner, but she didn't want them - they decided to have dogs instead. Nintendo DS, radio and books.

If you had the chance to invite four people to dinner (living or not) whowould they be?

St Anthony (I would be begging him to find the rain clouds to place over Australia to fill our dams and rivers), St Teresa, Tim Costello and Jamie Oliver to cook the dinner for my guests.

If I wasn't me, I'd like to be?

World aid worker.

What is your favourite pastime?

If I had one it would be one of these: spending more time with my grandchildren, watching old time movies and going for drives in the country.

If you were Prime Minister for a day, what would you change?

Give more money and resources to solve our problems with crime.

Star Spot

THE PULSE LAUNCH



Rupert Murdoch has done it numerous times, so too has the Packer and Fairfax organisations and Ita Buttrose even launched a wellbeing publication.

Now Healthscope has joined the exalted ranks of magazine publishers, launching *The Pulse Magazine*.

Those attending the pre-launch (above) expressed confidence and support for the new venture, which is being distributed, by free subscription to staff, politicians, doctors, journalists and business.

Free subscriptions are available by contacting:
thepulse@healthscope.com.au



STATE ORGAN DONATION FIRST AT THE MOUNT

When 58-year-old David Walthew died following complications from a surgical procedure in Perth late last year he had left instructions that all of his organs were to be donated to give others a chance at life.

Ultimately, both of his kidneys, his liver, pancreas and eyes were donated.

David's kidneys went to a woman in Western Australia and a man in the eastern states while his liver was transplanted into a woman in the west.

It was the first multiple organ donation from a private hospital in that state and one that, while sad for his family, has been a lifesaver for the recipients.

The retrieval procedure was carried out over 12 hours at the Mount Private Hospital in Perth, which General Manager Justin Walter said demonstrates the role that private hospitals can play in supporting organ donation.

David's widow Heather told *The Pulse Magazine* that David, a keen

supporter of organ donation, spoke of his plan well before his death.

"He was so passionate about it, when he was filling out the forms, he said to me, if they could take my organs now, while I was alive, they could have anything because when you're dead, you're dead and if you can help other people, they can have whatever they want.

"He was just that sort of guy, he loved people, he loved animals and he believed in helping anyone he could," she said.

The Donor Coordinator at DonateWest, Daniel Winters said the planning that the Mount Private has been doing for the past several years for such a donation was very valuable with everything going extremely smoothly.

"Staff at the Mount went above and beyond to help Heather and even more

importantly for David to realise his wish to be a donor which was very important to them with the recipients' lives greatly enhanced by their actions" he said.

Heather Walthew said David would have been 'rapt' at the outcome of his decision to donate his organs.

She said while David's death had been a great loss for all of the family; the outcome for others had greatly assisted them at a very difficult time.



David & Heather Walthew

LAST CHANCE FOR FREE CERVICAL CANCER VACCINE

Young women, aged 26 and under, are being advised to act quickly to qualify for government funded cervical cancer vaccinations to ensure they complete the course by the end of the year.

Since Australian authorities approved it in 2006, the Gardasil vaccine against four strains of the HPV virus has been offered to girls attending school.

From the age of 12, girls can have a course of three injections over six months to help reduce the risk of developing cervical cancer.

Women who have already left school and are aged 26 and under are also eligible for this free vaccination program, but currently the funding for these women is due to end in December 2009.

Dr Sarah Tottle, a GP at Joondalup City Medical Group in Western Australia, said young women should take advantage of the free vaccine while it is still on offer.

“It is advantageous for young women to take the opportunity to get the

Gardasil injections whilst they are still free. Initially the funding for this program was only available until June 2009 but the government have currently extended it up to December 2009 to ensure that as many young women as possible can take up the offer and complete the course of injections before the end of the year,” she explained.

Dr Tottle stressed that women who had commenced the course of vaccinations and had either one or two injections already, needed to ensure that they completed the course by the end of this year so as to maximise the benefit of the injections, and should arrange to see their GP as soon as possible to arrange this.

She said although the new vaccine will have a positive impact in years to come, it is only part of the prevention regime, working in tandem with regular pap smears.

“The Gardasil vaccinations are likely to reduce the rate of developing cervical cancer in the future, but the current recommendation is for all sexually active women to participate in the National Cervical Screening Program and get ongoing regular pap smears every two years until the age of 70.

“With regular, ongoing pap smears, any abnormal cells can be picked up and treated before the person develops cervical cancer,” she said.

The doctor added that due to the success of the National Cervical Screening Program, the rates of cervical cancer have significantly decreased since the mid ‘80s.

“We generally only see cervical cancer in those who have not had regular pap smears,” she explained.

If you think you are eligible for the free Gardasil vaccinations or have not had a pap smear recently, please see your GP.

INSULIN COMMENCEMENT IN HOSPITAL IN THE HOME

*By Michelle McAlister & Suzanne Bulmer

John Fawkner Private Hospital in Melbourne has developed an insulin commencement program as part of Hospital in the Home for the elderly.

Patients commenced on insulin therapy are transferred into the program and are educated in the home on insulin therapy and to self inject under the supervision of the Diabetes Educator.

This ensures safe injecting techniques are taught and accurate insulin therapy is maintained. Daily or twice daily injection supervision by the Diabetes Educator continues until the patient is competent and confident with this skill. During this time the Educator will adjust insulin doses according to Blood Glucose Levels to achieve patient's individual target glycaemic control.

As part of the initial consultation the Educator will control test the patient's glucometer and assess home blood glucose testing techniques. Inaccurate or outdated Glucometers are upgraded with

an appropriate glucometer that meets the patient's needs in terms of eyesight and manual dexterity. Correct techniques are reinforced and a monitoring regimen is established. This ensures that insulin adjustment is performed accurately in accordance with Blood Glucose Levels. Principles of diabetes management are readdressed to ensure diet, activity and hypoglycaemia episodes are appropriately managed.

Throughout provision of the service, the Educators work closely with the referring Endocrinologists informing them of any changes in Diabetes management and weekly results testing.

On average most patients require

one week of daily visits from the Educator to competently self inject then bi-weekly telephone contact to titrate the insulin dose according to Blood Glucose Levels. The Educator provides weekly visits when English is a second language. Patients are discharged from the home-based program when competent with their insulin therapy and transferred into the community service for the ongoing stabilisation. As the patient becomes stabilised and confident in managing insulin therapy the principles of insulin self-adjustment are discussed.

Upon discharge both the referring endocrinologist and the patient's General Practitioner are provided with a discharge letter. This letter outlines the service provided, problems encountered, current BGLs, dose/s of insulin and the patient's ability to self adjust as required.

**Michelle McAlister & Suzanne Bulmer are Diabetes Educators at John Fawkner Private Hospital.*

IN THE NEXT ISSUE OF

the Pulse

DEPRESSION AND ITS
EFFECTS

JOB FOR PEOPLE WITH A
MENTAL ILLNESS

THE CHANGING FACE OF
NURSING

ART - PAVING THE
WAY FOR A HEALTHY
RECOVERY

CHANGING ATTITUDES ON
RELATIONSHIPS



Healthscope

street talk...

I was going to start this column with an optimistic look at 2009, despite the world economic downturn and the faltering employment situation.

Then came Saturday 7th February and the devastation in many parts of Victoria through bushfires with almost 300 lives lost and an estimated 2000 homes burnt to the ground.

As our lead story demonstrates, that had a direct effect on many Healthscope employees, forced to fight fires that in some cases destroyed their homes and although they have received much support from family, friends, their local community and from the company they work for, it'll continue to be a tough year for these people.

It also defies comprehension that some of the fires were deliberately lit in what many of our leaders are calling mass murder.

Still, the human spirit being what it is fights on and with help, with our love and our support, in time, it's hoped that individuals and the country will recover from Australia's worst ever natural diaster.

Now getting back to a little normality and most of us look forward to a break at the weekend, some quiet time, without a lot of exertion – if we can get away with it. But Hobart Private GM, Glen Power recently experienced Army life – at least for three days when he

took part in *Boss Lift*, a program run by the services that allows executives to live and train alongside regular troops in the field.

Glen doesn't do thing by halves – the program he took part in is in the Solomon Islands and he's promised some pictures just to prove he actually took part!

And talking about fitness and exercise, how many of us do you think were determined to start 2009 with a resolution to lose weight and get fitter?

Statistically, that's the most made and the most broken New Year resolution of all time.

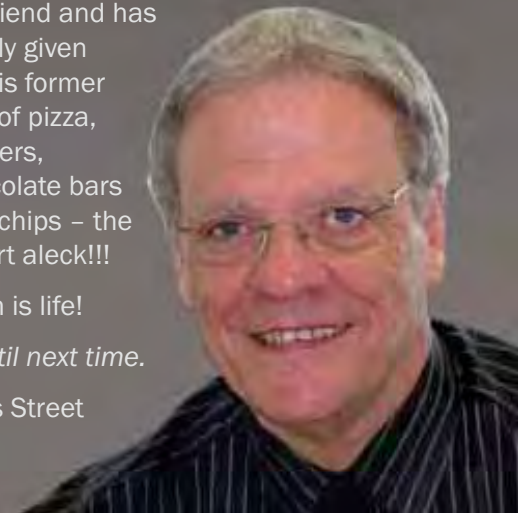
But some stick to it, consider David Smith who lives in Phoenix, Arizona in the United States who lost an incredible 178 kilograms after being told his massive frame was killing him.

The 31-year-old is now a fitness instructor, has his first girlfriend and has totally given up his former diet of pizza, burgers, chocolate bars and chips – the smart aleck!!!

Such is life!

...until next time.

Russ Street



THE DEPTHS OF WINTER DINNER DANCE

Spend a night amongst the fishes!

Be a part of Cystic Fibrosis Victoria's annual Dinner Dance. Inclusive fine food and drink, dancing and entertainment, as well as live music, silent auction items, raffles, and tombolas to name a few.

As part of our ongoing fundraising activities and to help us continue as the only Victorian support service provider to families caring for Cystic Fibrosis, we would like to offer you a place at this magnificent event.

Places will go fast and at only \$125 p/p or \$1200 per table of ten, it is not only great value but also an excellent opportunity to help us raise funds.

We would be delighted if you could join us. Spread the word and help us support families throughout Victoria.

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