



the Pulse

PRIVATE
HEALTH
MAGAZINE

A Healthscope Publication

Autumn 2010

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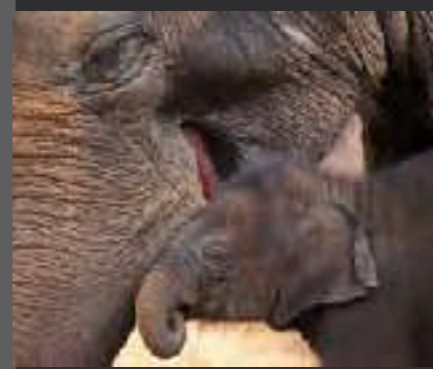


IN THIS ISSUE OF *thePulse*

NEW FACILITY FOR JOHN FAWKNER PRIVATE HOSPITAL



THE MAKING OF MALI



CANCER SUPPORT SERVICES - HERE TO HELP



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The Pulse is a seasonal Healthscope publication. © Healthscope 2010
 Healthscope Head Office: 312 St Kilda Road, Melbourne, Vic 3004
 Edited by Sasha Atkinson, Healthscope Ltd.
 Tel: +61 3 9926 7500 www.healthscope.com.au
 Design and art direction by Utility Creative, Melbourne
 Advertising enquiries: Tel: +61 3 9418 9911

NEW FACILITY FOR JOHN FAWKNER PRIVATE HOSPITAL

Victorian Premier John Brumby joined Healthscope's Managing Director Bruce Dixon to announce plans for a new John Fawkner Private Hospital in the heart of Melbourne's northwestern suburbs.

Healthscope and Moreland City Council have signed a heads of agreement to negotiate the development of a new private hospital. This is an exclusive agreement to negotiate the sale or lease of council owned land in prime Bell Street landholdings alongside the Coburg Town Hall.

The new hospital will replace the existing John Fawkner Private Hospital and more than double its capacity.

"This project is an exciting opportunity for Healthscope to expand the services that we provide to the community of the Melbourne's northwest.

"We look forward to working with Moreland City Council and the Victorian Government to deliver a new, state of the art hospital for the local community and broader region," said Bruce Dixon.

John Fawkner Private Hospital has long been an icon of the Moreland community. The hospital was first built in 1939 by the Missionary Sisters of the Sacred Heart and was formerly known as The Sacred Heart Hospital.

At that time The Sacred Heart Hospital was best known as a maternity hospital and the midwifery unit was the third busiest in

Melbourne. Many local people were born there and may still refer to John Fawkner Private Hospital as 'The Sacred Heart'.

The John Fawkner Private Hospital has been an important part of the fabric of Moreland for over 70 years. Its strength forms the basis of the new development, which will continue and build on a tradition of outstanding healthcare.

"This multi-million dollar development will bring 300 hospital beds, 12 new operating theatres, an emergency department, cardiac catheter laboratories, specialist consulting suites and a multi-story car park into Coburg's city centre and kickstart a revolution in health services in this area," said Moreland Mayor, Cr Stella Kariofyllidis.

"It is a key project for Moreland Council's Coburg Initiative rollout and will set up a new Coburg economy and position the Bell Street-Sydney Road precinct, creating a major business and service hub for the metro north.

Moreland Council's partner in The Coburg Initiative (TCI), Equiset Grollo, will prepare a bid for construction of the new hospital,

which would generate significant jobs in its construction phase and ongoing jobs in the health sector and affiliated service professions after commissioning.

"This is an exciting debut for the TCI project rollout and for Moreland Council's plans to build a strong and sustainable city of the future from Coburg's renaissance," Cr Kariofyllidis said.

Mr Dixon said Healthscope would work on a number of options for use of the existing John Fawkner Private Hospital site.

He said by constructing the new hospital at a different location to the existing John Fawkner Private Hospital, disruption to doctors, nurses, all other hospital staff, and patients would be minimal.



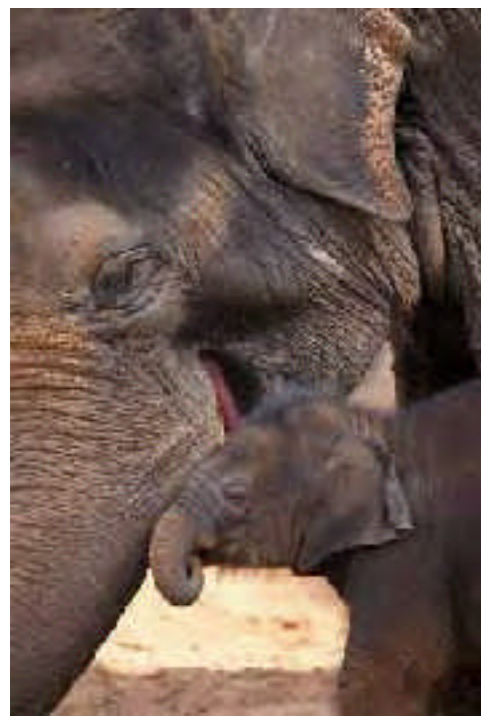
Victorian Premier John Brumby

"We are very proud to have such excellent doctors, nurses and staff at the John Fawkner Private Hospital, who have been very supportive of the hospital and we are delighted that they will be part of this new development," Mr Dixon said.



John Fawkner Private Hospital's Dr Walter Cosolo with Bruce Dixon and Victorian Premier John Brumby

THE MAKING OF MALI: AN ELEPHANTINE JOURNEY



wellbeing in the lead-up to and throughout her pregnancy with baby Mali.

Melbourne Zoo's Senior Veterinarian Co-ordinating the Elephant Breeding Project, Dr Michael Lynch told *The Pulse* the first step was finding a suitable elephant for the breeding program, a search that took them to Thailand.

"When Melbourne Zoo made the decision to breed elephants and keep them long-term, we had to acquire animals of a suitable breeding age. If you breed with elephants aged over 20 that have never had a baby before, the chances of dystocia (literally meaning 'difficult birth' - babies getting stuck and things like that) are huge. Dystocia is a major killer of captive animals.

"We visited the range states in Thailand and struck an agreement with the Thai government to purchase animals from private owners that operate tourist camps for elephants. We felt that was a reasonable welfare outcome for the

animals and it would be ethical to bring them to Australia for breeding.

"Once we got government approval, getting the animals out of the country was another big hurdle, we had to set up all the quarantine testing, and transporting the animals was a major logistical issue," he said.

By November 2006 the elephants were safely settled in Melbourne, and the vets were trying to help them conceive.

"We monitored the reproductive cycles by hormonal analysis, so we'd take blood samples to work out when they were ovulating.

"Then we tried to naturally breed the animals with our male for two of their cycles (female elephants ovulate about every 3-3 ½ months). But due to the animals' inexperience, it never actually worked.

"That was when we decided to artificially inseminate Dokkoon because she was the oldest of the three animals we brought here from Thailand.

"We had to continue monitoring the reproductive cycle and work out when she was going to ovulate,

and we had to let the male become accustomed to the collection of sperm from him, and evaluate the quality of his semen," he said.

Veterinary Pathologist and Laboratory Leader at Gribbles Veterinary Pathology in Clayton, Dr Mark Williamson said Gribbles provides a broad range of services to the zoo including a diagnostic service for haematology and biochemistry results, as well as cytology, microbiology, histology and other sundry laboratory tests.

"Our role with the elephants has been haematology and biochemistry looking at their general health. We provided Melbourne Zoo with an in-house hand-held analyser so that they could do pen-side testing of the elephant - getting an instantaneous answer," he said.

Dr Lynch said the Dokkoon required a range of pathology tests.

"There were a number of ultrasounds throughout the procedure and the pregnancy, but the baby tends to drop out of sight, so we rely on hormonal analysis to see that the pregnancy's been maintained.

"We also needed to ensure Dokkoon's calcium status was adequate during the pregnancy by



measuring the calcium in her blood and urine to see how much she was excreting.

As it became evident that the pregnancy would be viable, Dr Lynch said the staff wrote a plan for the management of her health during the pregnancy.

"We also had to plan for all the things that could go wrong during and after the birth, for example if the birth wasn't progressing, if the calf wasn't in the right position, or if the calf was sick when it was born, or didn't want to suckle, if the mother rejected the calf.

"Because it is a painful procedure and she is an inexperienced mother we wanted to make sure that when the baby was born the keepers would be there calming her and managing her introduction to her calf.

"Normally in the wild inexperienced mothers have the benefit of their own mother or sisters to help out but we were filling that role. We had to predict the date of birth to make sure everyone was there when the baby was born.

"Mali came out the correct way, (which is hind legs first for an



elephant), and so we did a very quick veterinary examination, and watched the animal open its eyes and come to life.

"After the birth, the baby had some blood in her urine, and we thought the most likely cause was that it had been squeezed through the pelvis. We sent off a urine sample to Gribbles to monitor that to help us manage the problem.

Dr Lynch said that getting elephants to co-operate while vets take

samples of their blood is a very particular process, as blood samples have to be taken from the tip of the elephant's ear.

"The animals just stand there – they aren't physically restrained; it's all positive reinforcement and listening to the keeper.

LOOKING TO THE FUTURE

Happy with the result, Dr Lynch said the team is now focused on the family's future.

"We're trying to build a family of elephants - now there's a mother and daughter, we want to make sure that the little daughter is accepted by the rest of our elephant herd.

"It's all gone really well – Mali's mother has bonded with her superbly and the mother's best

friend also enjoys her company so the three of them are comfortable together. The next step will be to introduce the other two girls and eventually the male as well.

"We hope that in 10 or 15 years this baby might have a baby of her own and that her mum will still be alive so we'll have three generations.

"The zoo has been here for 150 years and presumably will be here for another 150 so we're putting into place a sensible structure. If you want to keep these sorts of animals,

you've got to plan for their entire life – and you hope they live into their 60s, so we've got to think about tomorrow as well as today," Dr Lynch said.



Dr Mark Williamson



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HOSPITAL EXPANSION PROGRAM CONTINUES TO BE FOCUS

Whilst there has been a lot of publicity recently about our intended move into aged care, our number one priority for the next few years remains our hospital expansion program.

In addition to the John Fawkner Private Hospital, we have a number of significant expansion projects already underway, with others to commence as planning permits are obtained.



Bruce Dixon

Current projects in construction include:

Facility	Beds	Theatres
Knox	66	
Cotham		1
Geelong		1
The Hills (Stage 2)	30	
Northpark	41	3
Nepean		2
Pine Rivers	18	

Projects completed in past twelve months include:

Facility	Beds	Theatres
Norwest	186	10
The Melbourne Clinic	48	
The Victorian Rehabilitation Centre	30	
The Hills (Stage 1)	92	
Brisbane Private (Stage 1 & 2)	12	3
Allamanda (Stage 1)		2

This brownfield program is an exciting chapter in Healthscope's development. We aim to increase our bed capacity by over 20 per cent in the next three years, which in turn will provide significant growth for the company.

I would like to take this opportunity to thank all of our staff and clinicians for putting up with the disruption these projects cause on site; however the end result is state of the art facilities for our doctors and patients, making it all worthwhile.

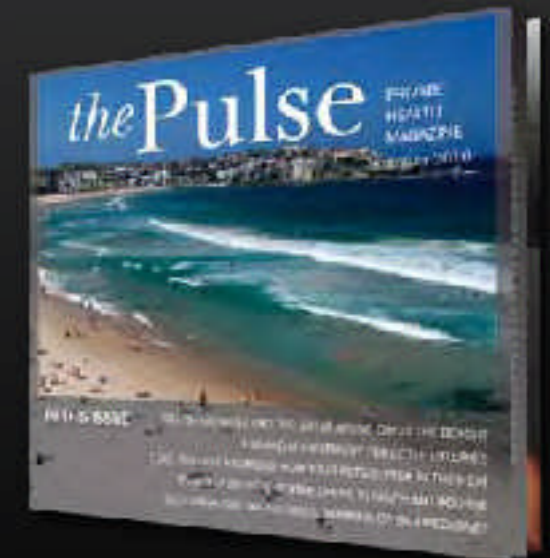
As planning permits are obtained, we will announce projects via The Pulse to keep everyone informed on our progress.

ADVERTISE IN thePulse

The Pulse is a seasonal Healthscope publication which is distributed free to key Healthscope staff, management and Board members. Additionally, it is read by doctors, health industry decision-makers, politicians in the health portfolio, journalists and public subscribers.

The Pulse also enjoys a captive audience finding its way into the waiting rooms of every Healthscope hospital, medical centre and pathology collection centre in Australia and internationally across more than 350 locations.

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THE TIME IS RIGHT FOR HEALTHSCOPE TO ENTER AGED CARE

In this year's political and media debate about 'fixing' healthcare, not very much is being said about the role of aged care or how closely linked aged care is becoming to hospitals.

Traditionally aged care, or nursing homes as they have been known, has been viewed as part of a continuum beginning with retirement villages. Increasingly we see that it is simply not possible to reduce public hospital waiting lists without rethinking aged care.

Importantly, aged care has changed. The residents are older—85 plus, and they are more frail and undergoing more continuous medical treatment than was the case in the past. That means aged care is much more like 'low care acute' than advanced retirement living.

Today's aged care patients need more nursing care, they have more sophisticated medication regimes, and they require more frequent hospital admissions. In short, these patients need more clinical care than personal care.

That's where Healthscope fits in. Our core values are about meeting the needs of the communities we serve, providing the highest standards of care and creating opportunities for our staff to work in professional and productive environments.

Our core strengths lie in accreditation and quality control, delivering superior outcomes to patients, familiarity with complex funding regimes including 'case mix', and constructing new facilities on time and on budget. Aged care needs our values and our strengths.

Our vision of twenty first century aged care is 'low-care acute' facilities co-located on surplus land in proximity to our hospitals. These facilities would provide more and better acute nursing than currently available in many small nursing homes, shared services with hospitals, easier medical centre and GP visits, more referrals for our physicians, resident pathology testing, and more employment opportunities for enrolled nurses



Linda Nicholls

and patient services assistants. But above all, the Healthscope vision for aged care would provide Australian communities the highest standards of care for our most frail patients.

The Healthscope vision is more than a dream and more than an outline on a white board. We have applied for licenses in the 2010 granting period and we have been in discussion with our shareholders. We believe the time is right for our company to enter aged care and we know we can make a positive difference.



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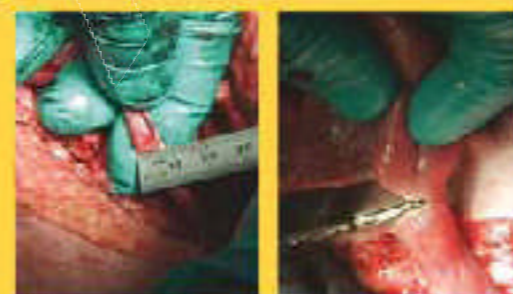


Figure 1 - Vessel Harvesting - A 8mm porcine carotid artery is measured then sealed and divided by the T.S.



Uncompromised Exposure

MIDWIFE SCHEME AN ENDURING SUCCESS FOR HOBART PRIVATE

When she started the 'Know Your Midwives' (KYM) program five years ago, Maternity Unit Manager Leah Magliano could not have imagined that her pet project would see the demand for obstetric services at Hobart Private Hospital grow beyond all expectations, or that it would be so rewarding, for patients and midwives alike.

One of the main reasons people turn to the private health system when they want to start a family is the control it gives them over their choices about their caregivers, and the high standards offered by private hospitals.

"The patients book in to see the obstetrician and then they come on alternate visits to see a midwife throughout their whole pregnancy.

"The idea is that they get to meet the midwives and spend some time on the unit prior to having their baby. Then, when they're in labour and once they've had their baby, a midwife that they and their partner already know will look after them.

"It helps build trust in the midwife that's caring for them through labour.

"They have continuity of care with their midwives as well as the benefit of choosing their own doctor, so they get the best of both worlds really," she said.

With almost 200 KYM deliveries at Hobart Private Hospital each year, Leah Magliano said the public have made their preference clear.

"We deliver 550 babies a year at Hobart Private Hospital and, since starting KYM, women have voted with their feet and said they want to deliver here and they want to use the scheme.

"We now have eight obstetricians referring to the program - from our 550 deliveries, about a third of those would use KYM. The barriers to participation are determined by their obstetrician, but they are generally things like diabetes, high blood pressure or pre-eclampsia," she said.

Leah said that the opportunities the KYM program afforded midwifery staff were unique too.

"I don't think that you get this kind of satisfaction from many jobs to be quite honest. It's a very intimate time and people never forget your role in what is the most momentous time for them - the birth of their baby. It's really lovely sharing that time and time again.

ONE PATIENT'S EXPERIENCE

It's barely 48 hours since Kristy Sullivan gave birth to her new son, but when The Pulse spoke with her, the happy and relaxed mother was only too forthcoming about her experience with the Know Your Midwives scheme.

"We've got friends who had babies at Hobart Private before, so we'd actually been here as visitors. But it's still daunting coming in and finding out what to do on the big day.

"We decided to go through the KYM scheme because we thought it would be a great idea to get to know our midwives before we actually came in to have the baby. We really liked the idea of having the midwives seeing us half the time and sharing care with our obstetrician. That whole concept appealed to us.

"The best thing that happened was when our Midwife Kate, who we'd seen the last two visits, came to the c-section with us. It was just



New mum Kristy Sullivan and baby Sidney.

wonderful to have somebody there with us who knew a bit about us and had seen us through three appointments.

"We've talked to a lot of friends who are in the process of having babies or planning to get pregnant and we've definitely recommended the Know Your Midwife scheme to them. We found it wonderful," she said.

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Industry super funds are generally renowned for having lower fees than retail funds. HESTA works to keep fees as low as possible, while ensuring we can provide all the features and service that members expect. In fact, we don't charge many of the fees that other funds have in place. Compare our fees (which are listed at www.hesta.com.au) with those of retail funds, and you'll be surprised how much you're saving.

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This is the second edition of *The Pulse* 2010 and we would like your views about what you think of the content, its 'readability' and what should or should not be included. The magazine is distributed to Healthscope establishments, politicians, business and specialist journalists. Please let us know what you think by emailing your suggestions to *The Pulse* at: thepulse@healthscope.com.au

Your views are important to us and we look forward to your feedback.

HERALDING A BABY BOOM FOR ASHFORD HOSPITAL

A recent pre-conception information evening at Ashford Hospital broke previous attendance records and may herald a mini baby boom for the area.

The hospital has had the pre-conception evenings as a regular calendar fixture over the past eight years and always enjoyed a solid response from the public, usually attracting 30 to 40 attendees.

Ashford Hospital's General Manager, Simon Boag, said that an examination of population trends in the area prompted a re-think of promotion of the event, and yielded a substantial increase in local interest.

"More than 130 people went along to hear Obstetrician & Gynaecologist Dr Jeffrey Hillen cover everything from the initial preparation required prior to conception through to an overview of what couples can expect in the months following conception," he said.



Dr Jeffrey Hillen - Obstetrics & Gynaecology

Following the presentation, Ashford Hospital's Maternity Services Manager Mignon McDonald took the prospective parents on a tour of the Maternity Suite.

Simon Boag was philosophical about the long-term effects for the area.

"These evenings are a wonderful opportunity for couples to come along, be informed, interact and ask the questions they may otherwise not have the opportunity to ask an obstetrician until their first antenatal check up.

"Has the seed been set for a mini baby boom at Ashford Hospital? Only the coming months will tell," he said.

COMMUNITY PROGRAMS EXTENDS A HELPING HAND TO DARWIN

Healthscope has expanded its Community Programs arm into the Northern Territory, with the recent opening of a new house in Darwin. The facility will house and care for people with acquired brain injuries, where previously their only options were nursing homes or hospital beds.

Staffed around the clock by a dedicated team of carers, the freshly renovated Alawa House has six beds and can cater for residents aged from 16 to 64.

Community Programs Residential Co-ordinator, Liz Taylor, said that the house was designed to feel like a home rather than a care facility, and

offered a respite service, as well as short and long-term stays.

"While we do provide home like décor and a nice environment, residents are free to furnish and decorate their rooms, as well as have pets and visitors, just as they would have at home.

"Community Programs is about helping people in a step-by-step way to regain former skills. We are keen to see people fulfil their potential in a way that's meaningful for them. Whether that means returning to work or simply having an active social life, our aim is to ensure each person's individual needs are being met," she said.

She said that while Community Programs looked after each resident's physical needs, staff also focussed on caring through the emotional and mental distress that accompanied acquired brain injuries.

"People remember who they were before their accidents and there's a lot of grief and loss around the changes. They need to be cared for

emotionally, physically, medically and spiritually," she said.

Community Programs General Manager, Sybil Gibson, said she was very pleased that Healthscope had been able to expand services into the Northern Territory.

"Alawa House is Healthscope's newest Community Programs house, and builds on the success of our 16 houses in Victoria.

"I am pleased that Territorians will now be able to access these essential services. Community Programs aims to be a leader in accommodation, attendant care and support to individuals with acquired brain injuries.

"While our main concern is to provide flexible and individualised services for residents, it's also a great reward for us to see clients achieving their goals and finding

their place in the world. Families tell us that they are relieved to have a service like ours in Darwin," she said.

For more information on Healthscope Community Programs, call (03) 9501 8700.



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AWARDS SHOWCASE TALENTED WORKFORCE

The outstanding achievements of Healthscope staff were recognised with the recent announcement of the *Service Excellence @ Healthscope Recognition Award Winners* for 2009.

Fourteen winners were chosen from a total of 270 nominees in seven categories. The company-wide awards acknowledged both teams and individuals that stood out during 2009 for their exceptional efforts in helping to realise the values and goals of the Healthscope organisation.

Winners were recognised for their achievements in the areas of service excellence; quality improvement; exceptional customer service; innovation, learning and development; teamwork; financial responsibility; health, safety, environment and wellbeing.

"The awards provide a great opportunity for us to celebrate our talented workforce as well as to showcase some of the outstanding achievements across the company," said Managing Director Bruce Dixon.

Hundreds of nominations came from managers and peers alike, showing a positive response to the inaugural awards and highlighting the value of internal recognition.

"The quality of nominees and winners prove that we have very high calibre of people in all areas of the Healthscope business - from operations to medical practice management, occupational health and safety, veterinary pathology, oncology, hospital bookings, theatre teams and more," said National Human Resources Manager Maree Feery.

Award winners include Kristy Reynolds, Practice Manager of the Yanchep Medical Centre in Western Australia, who identified the need for and then implemented a new emergency duress safety alarm system. The system proved so effective that it is currently being rolled out to Healthscope Medical Centres nationally.

Also recognised was the Biochemistry Department of Gribbles Pathology in South Australia for

their exemplary internal education program and active involvement in awards and recognition by scientific industry professional bodies.

Read more overleaf about how customer opinion shaped and improved the service of the Bookings and Beyond Project Team from the Prince of Wales Private Hospital in Sydney.

Innovation, Learning and Development individual award winner Lynne White talks about her passion for her role as Clinical Nurse Specialist at the Chemotherapy Centre, Ringwood Private Hospital in Melbourne in the *Star Spot*.



Healthscope

*Service Excellence
Recognition Awards 2009*

Award	Team Winner	Individual Winner
Service excellence	Norwest Project Team Norwest Private Hospital New South Wales	Bernad Mariadasa Client Services Manager / Parasitologist Gribbles Veterinary Pathology Auckland, New Zealand
Financial Responsibility	Admission to Cash (A&C) Project Team Hospitals Division	Dianne Campbell In Charge Collectors Sydney Rhodes DCL Pathology New South Wales
Teamwork	Theatre Team John Fawcner Private Hospital Victoria	Mitchell Wan Operations Manager, Pathology Queensland
Innovation, Learning and Development	Biochemistry Department Gribbles Pathology Wagville, South Australia	Lynne White Clinical Nurse Specialist Joy Oncology, Ringwood Private Hospital, Victoria
Health, Safety, Environment & Wellbeing	OHS Committee Lady Davidson Private Hospital New South Wales	Kristy Reynolds Practice Manager Yanchep Medical Centre Western Australia
Quality Improvement	Bookings & Beyond Project Team Prince of Wales Private Hospital New South Wales	Cathy Baker Practice Manager St Andrew Medical Centre Western Australia
Exceptional Customer Service	Clayton Pathology Reception Team Victoria	Vicki Clements Pathology Collector Hastings ACC Pathology Victoria

THE WINNERS



Andrew Sando, joins the the Clayton Reception Team to celebrate their win for Exceptional Customer Service.



Award winner for Financial Responsibility, Dianne Campbell from Pathology NSW



Ringwood Private Hospital Clinical Nurse Specialist Lynne White accepts her award for Innovation, Learning and Development from Nicole Waldron.



Bernad Mariadass, Client Services Manager at Labtests NZ, and winner of the Individual Award for the category of Service Excellence, accepts his award from Healthscope Director of Corporate Strategy Business Development Joe Czyzewski



Healthscope

Service Excellence
Recognition Awards 2009

PRINCE OF WALES PRIVATE IMPROVES BOOKINGS BEYOND EXPECTATIONS

The winning team for the Healthscope Service Excellence Award for Quality Improvement was the 'Bookings & Beyond' project team at the Prince of Wales Private Hospital in Sydney.

Deborah Latta, General Manager of the Prince of Wales Private Hospital, says the 'Bookings and Beyond' project was born to develop the quality of the hospital's booking and admission service.

A committee was formed that included staff from the booking and admission centre, maternity bookings, theatres, wards, after hours and quality team members, led by Deborah Latta.

Taking a multidisciplinary approach, the teams worked together with the aim of refining their processes to create a more functional and reliable system.

The committee's first step was to take on board feedback from patients and doctors.

Acknowledging that hiccups in the booking process directly affected billing and collections,

the committee named the project 'Bookings and Beyond'.

The project results speak for themselves, showing a positive impact on staff and patients alike.

Staff are more satisfied and skilled with better access to training and education, and customer service has also improved, with a 'meet and greet' position created to ensure patients are booked in and admitted in a smooth and timely fashion.

Where possible, patients are now admitted through the Day of Surgery Unit, rather than being admitted to a ward prior to surgery, and the clinical preadmission service has also been refined, with many doctors preferring their patients to be seen by the preadmission nurse routinely.

Overall there is better communication between teams, referring doctors and patients.

"This award recognises the importance and value of teamwork between hospital departments," said Deborah Latta. "The result of our teams putting their heads together is a far more effective system."

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PRIVATE HOSPITALS A BLIND SPOT FOR GOVERNMENTS

By Dr Michael Coglin
Chief Medical Officer

Health is rarely out of the news.

The South Australian Labor Government was returned with a reduced majority at the March 20 election while in Tasmania the Bartlett Labor Government survived but will form a minority Government with 10 seats in a 25-seat house.

Health policy and the competing claims of the major parties in offering health policies that best meet the needs of their electorates have featured prominently in both campaigns. With Federal and Victorian elections scheduled before the end of the year, and an election in NSW to be held early in 2011, health will continue to dominate the headlines.

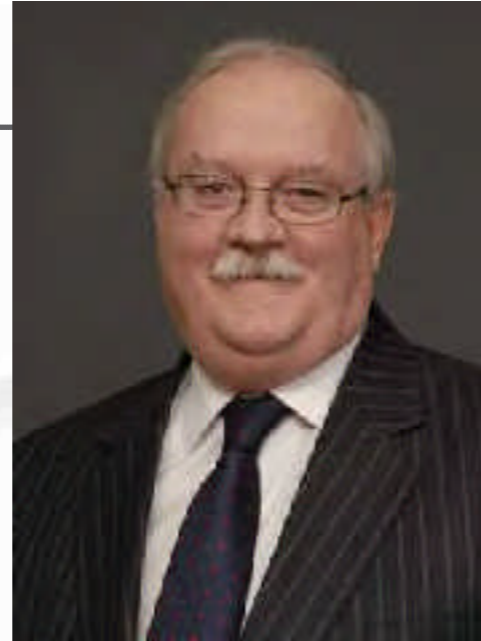
The debate has been further fuelled by the release in recent months of major Government reports. That is the final report of the National Health and Hospitals Reform Commission "A Healthier Future for all Australians" (June 2009);

the Government's response to that report "A National Health and Hospitals Network for Australia's Future" (March 2010); and the Productivity Commission's Research Report "Public and Private Hospitals" (December 2009).

As has always been the case the starting point for much of this discussion has been "What do we as Government need to do about the sector of the health industry that we own/operate/fund/control?" rather than the more appropriate question "How do we as Government create a total health system that best meets the health needs of the total community?" The answers and solutions will of course depend on which of these questions is asked.

In examining most of the policies of the major parties contesting the recent State elections and the Rudd Government's proposed reform agenda, a casual observer would be forgiven for thinking that private hospitals had little place in meeting the health care needs of the Australian community. This is despite the following:

- there are 280 private hospitals and 272 private day hospitals with a total of 27,768 beds, 33 per cent of the nation's hospital bedstock;



Healthscope Chief Medical Officer
Dr Michael Coglin

- in 2008, private hospitals admitted 3.1 million inpatients, 40 per cent of all hospital admissions. All these patients are eligible for "free" public hospital care, yet they choose otherwise to the chagrin of the critics of private hospital care. In contrast the 4.1 million public patients admitted to public hospitals are there because they have no choice of provider. Private Accident and Emergency Departments treated 453,000 patients;

- Government, the Australian Medical Association and the public hospital lobby believe that between 3000 and 3500 additional public hospital beds are needed to meet demand and reduce waiting lists.

Meanwhile, on any average day, 8519 private patients occupy beds in public hospitals while 2215 beds sit unutilised in private hospitals. The majority of private patients in public hospitals are not there because their clinical needs can only be met in public hospitals but as a consequence of the private patient revenue grab on State governments and their public hospitals. Against this background, the contemplated use of private hospitals to treat public hospital waiting list patients is a Monty Pythonesque policy outcome;

- 653 of a possible 660 diagnosis related groupings (DRGs) are provided by private hospitals confirming the clinical sophistication of private hospitals;

- private hospitals perform 64.5 per cent of all elective surgery in Australia;

- the respective proportions of elderly patients aged 65+ and 75+ treated in private hospitals are greater than in public hospitals. That is to say, private hospitals do not "cherry pick" and ignore the needs of older Australians;

- private hospitals employ 49,000 full time equivalent staff and invest \$35 million in the education and

training of the next generation of health care professionals.

At worst we have seen mean spirited and discriminatory policies adopted by some Governments towards private hospitals and our patients, such as the notorious "Blood Tax" imposed on private hospitals and patients by the NSW Government, and the disqualification by the South Australian Government of former patients of private hospitals from receiving no-charge services from the Royal District Nursing Service.

We have also seen some acknowledgement of the vital role of the private sector in meeting the needs of all Australians in the form of the Rudd Government's announcement of enhanced medical specialist training positions in the private sector, and the policy of the Tasmanian Liberals to spend \$10 million to utilise the expertise and resources of private hospitals in addressing public hospital waiting lists.

However the story is mostly one of blinkered indifference. For example:

- nowhere in the respective health policies of the major parties contesting the South Australian election was there mention of the private hospital sector. Of course it

was appropriate for policies to focus on public health infrastructure such as the redevelopment of the Royal Adelaide Hospital and the upgrading of metropolitan and rural hospitals (including Modbury). But surely it is a failure of imagination when such plans are made oblivious to the preferences and opportunities available to the 730,000 (44.8 per cent) of South Australians who can readily access private hospital care through their choice to maintain private health insurance;

- in Tasmania Labor's sole reference to the private hospital sector was the announcement to buy back Healthscope's Hobart Private Hospital, whose lease on current premises runs to late 2019. Labor committed to the future of a relocated Hobart Private Hospital and leader David Bartlett explained its policy in the following terms, "We will put these facilities to work – not on behalf of private operators – but on behalf of the people they were built to serve". The hundreds of thousands of Tasmanians who have been admitted, treated and born at the hospital since it opened in 1999, not to mention those doctors and nurses and other staff who choose to work there, and the countless suppliers and contractors

who benefited from the hospital's contribution to the Tasmanian economy seem not to have been served - at least in Mr Bartlett's calculation - by this excellent hospital. Hobart Private seems solely to exist for the benefit of Healthscope's shareholders;

the Rudd Government's response to the Reform Commission report runs to 74 pages. Other than a chapter on proposed reporting of performance of public and private hospitals (which Healthscope supports in principle) there are only three brief references to private hospitals: "In implementing its reforms, the Government recognises the importance of continuing the role that private hospitals and other private health care providers play in delivering strong health outcomes" (page 2), "(Local public hospital) networks will also collaborate with local private hospitals" (page 19)

and "Good communication between public and private hospitals will continue to be necessary" (page 66). Lofty sentiments without any explanation of how the desired collaboration and communication, which has always been the exception rather than the rule, will come about.

Australians look to Government to foster a hospital system that provides high quality care, that is accessible in both time and location, and which is adequately funded and affordable. We are less interested in the source of hospital funding (Canberra, Macquarie or Spring Streets or even a health insurer), public hospital governance arrangements (Boards, Networks or State or Federal Bureaucrats), or a hospital system designed around adolescent and outdated ideologies. Is there a single patient on a public hospital waiting list waiting many months for a hip replacement who if

offered immediate surgery in a top class private hospital would reply, "No thanks - I don't believe in profit before patients". This bizarre thinking seems the exclusive province of some politicians and their bureaucrats.

The incapacity of most Governments to understand and engage with the private hospital sector is nothing new - when was it otherwise? It is far more comfortable to confine thinking and planning to that element of the sector that Government owns, funds and controls. Private hospitals sit in a huge blind spot.

The current debate on how hospital services should be delivered to the entire community is a litany of lost opportunity and a failure of vision.

The rewards for any Government capable of understanding and acting on this are vast as are the potential benefits for public and private patients and their hospitals alike.

VALE MICHELLE CRAINE

Michelle Craine, long-time Director of Nursing at Sydney's Lady Davidson Private Hospital, was honoured by the RSL for her lifetime of work with Veterans and War Widows, just days before her own life came to a premature close after a brief period of ill health.

The National Executive of the RSL awarded Michelle its highest civilian honour, the Certificate of Merit and Gold Badges Award, for her tireless efforts on behalf of the veteran community over her years at both Concord and, for the past 22 years, Lady Davidson Private Hospital.

Michelle had a deep love and respect for those who gave their life for our country and she ensured the hospital celebrated and remembered the important days of Anzac Day, Remembrance Day, and the commemoration of the Battle of Villes-Brettenoux.

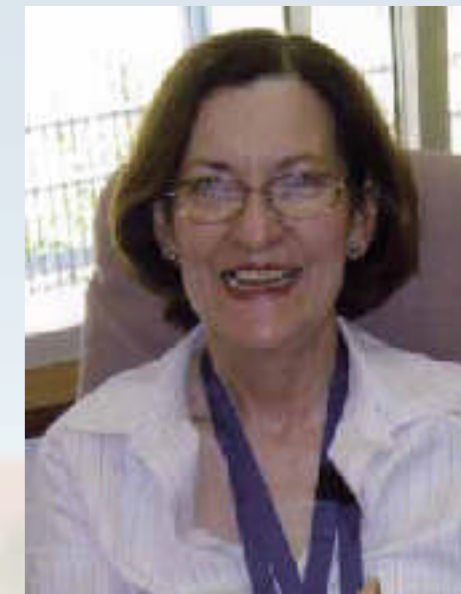
Healthscope's Managing Director Bruce Dixon paid tribute to Michelle, thanking her for her

outstanding contribution, excellent work and loyalty, not only at Lady Davidson Private Hospital, but also for all the thousands of patients she helped and the wider community in general.

As colleagues described Michelle, the very high regard and esteem in which the staff held her shone through, as time and time again they would recall her grace, wisdom and good humour.

Lady Davidson Private Hospital's General Manager, Cheryl Jaeschke, said the hospital would be left with memories of Michelle's personal strength, experience and wisdom, her dignity, her dynamic management style and clinical skills. Above all she would be remembered for her delightfully warm and caring personality and the friendships, which have grown over many years.

Michelle had a quiet personality and wasn't much fussed on being the centre of attention, but she knew how to let her hair down with her loved ones. She was funny, even



more so during her last weeks, never being short of a quip or a one-liner during these most difficult of times.

Her bravery, grace and dignity throughout this time was truly honourable.

Michelle touched many people's lives and will be missed more than she would imagine.

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CANCER SUPPORT SERVICES – HERE TO HELP

In her recent book *Smile or Die: How Positive Thinking Fooled America & The World*, author Barbara Ehrenreich recounts her experience of breast cancer.

Throughout her diagnosis and treatment, Barbara emerged exhausted and angered by the relentless optimism and universally upbeat tone of the 'Pink Ribbon' culture surrounding the disease.

Working at the coalface of cancer treatment and support, Cancer Support Coordinator and Breast Care Nurse at Ringwood Private Hospital, Tracey Moroney is well placed to offer an informed view on the issues with which Ehrenreich grapples.

Tracey said that everyone has different needs and those needs are met through different avenues. In Australia she believes the 'Think Pink' campaign is incredibly important for raising awareness, funding research and supporting women as they endure breast cancer.

"For a lot of women, it's a message of hope, of companionship, of kinship and gives them a sense of belonging rather than feeling isolated, which a lot of people can do.

"There are other types of cancers for which that kind of organisation and support isn't available and for those people – with lung cancer for example – there is not one support group in Victoria," she said. (According to the Cancer Council, Lung Cancer accounts for 9 per cent of all cancers and 19 per cent of cancer deaths in Australia.)

Tracey said that while the whole notion of being positive has its place, her advice to patients is that what they're dealing with requires more work than pasting on a smile.

"I explain to patients that the grieving process is going to trigger a lot of strong emotions to do with loss. It's healthy to go through that process, rather than trying to be a sort of a Pollyanna that thinks 'I'm so positive, it's going to be fine'. It's important to find a balance.



Cancer Support Coordinator and Breast Care Nurse Tracey Moroney

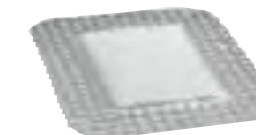
"The whole notion of grief and loss within any diagnosis of cancer is there and is real, whether it's the loss of a body part, the loss of dreams and hopes for the future, and even practical things like changes to work and income.

"People have to be able to work through those issues and deal with them in the way that is most beneficial for them," she said.

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KNOX EMPLOYER WINS CRS AUSTRALIA AWARD

Knox Private Hospital in Melbourne's east has been recognised for its commitment to providing employment for job seekers with disabilities.

The hospital was recently announced a winner at the 2010 Victoria and Tasmania Employer Awards, which recognise employers who have shown exceptional commitment to providing training and employment opportunities for people with a disability, injury or health condition.

Soon to become the third largest hospital in Melbourne, Knox Private Hospital has partnered with Disability Employment Services provider CRS Australia to provide work experience and employment opportunities for job seekers with disability.

CRS Australia is part of the Australian Government Department of Human Services and was formerly known as the Commonwealth Rehabilitation Services.

Since commencing the partnership, the hospital has employed more than seven CRS Australia job seekers, with five of them working with the hospital today.

Knox Private Hospital's Hotel Services Manager, John Sweeney, said the program had been very successful for the hospital and the employees alike.

"Recruiting staff through the program has been very good; we have a large hotel services area and our five staff from CRS have fitted in with the team extremely well.

"We know we're getting the appropriate staff for the job," he said.

Presenting the award at a ceremony at Federation Square in Melbourne, CRS Australia General Manager, Margaret Carmody, said the hospital was helping job seekers to achieve their goals.

"By Knox Private Hospital going above and beyond to provide job opportunities for people with disability, many lives have been changed. These job seekers achieve independence, increased confidence and satisfaction, financial benefits and opportunities to learn.

"I congratulate the staff at Knox Private Hospital for helping our job seekers to achieve their goals, fulfil their potential and contribute to their community," she said.



Knox Private Hospital's Hotel Services Manager, John Sweeney

Knox Private Hospital's General Manager, Jenny Kent, said she was proud that the hospital was able to make a difference to employees who may otherwise have had a hard time finding work.

"At Knox Private Hospital, we are enjoying an exciting period of growth, and I'm delighted that we have been able to share that and see positive result for the hospital at the same time," she said.

PATHOLOGY LABS BRING NEW SERVICES AND JOBS TO REGIONAL WA

Healthscope's growing pathology division has delivered new and faster services as well as employment opportunities to regional Western Australia with the opening of two facilities.

Last August, a new pathology laboratory opened in the picturesque Shire of Busselton in South West WA, bringing a number of jobs to locals of the region.

Busselton Pathology Laboratory Manager, Jenny Bolton-Gibbs, said even though it was still quite new the facility had already been very successful.

"We have ten staff here with over 130 years of pathology experience between us so that is a good solid team. I believe teamwork and our high standard of customer service have contributed to our success so far.

"We are also expanding the services that are available in Busselton by offering longer opening hours, home visits and reducing waiting times."

Tests for cholesterol, diabetes,

kidney, liver, infection, anaemia and other disorders are conducted onsite, assisting doctors that require results quickly in order to determine the best treatment for their patient.

As a first for Busselton the lab offers sessions with a clinical haematologist, a doctor that specialises in diseases of the blood like leukaemia.

The lab also services Capel, the fastest growing shire in WA located two hours from Perth. The Capel community previously had no pathology service meaning locals needed to travel for tests.

In February a new pathology facility was opened in the Australia's largest outback city, located in the hub of the WA Goldfields region, Kalgoorlie-Boulder.

Like Busselton, all tests are processed on site in Kalgoorlie meaning results are available to doctors and patients on the same day. The lab is also accredited to screen for drugs of abuse.



The Kalgoorlie Pathology Laboratory opened in February

"We offer a rapid turn-around on test results which ensures minimal waiting time for doctors and patients," said the manager of the Kalgoorlie Pathology Lab, George Wasilun.

Home visits are conducted on a daily basis, which benefits members of the local community that lack mobility due to age or illness.

"These two new facilities are an important part of our commitment to providing access to services and jobs for people living in rural and remote regions," said WA State Manager of General Pathology Brendon Ball.

BETTER PRIMARY CARE AN INVESTMENT IN AUSTRALIANS' HEALTH

Having spent many years in General Practice, and with a strong record of public service, Healthscope's new Medical Director for Medical Centres, Dr James Cookman, is well placed to comment on the health of Australians and how it can be improved.

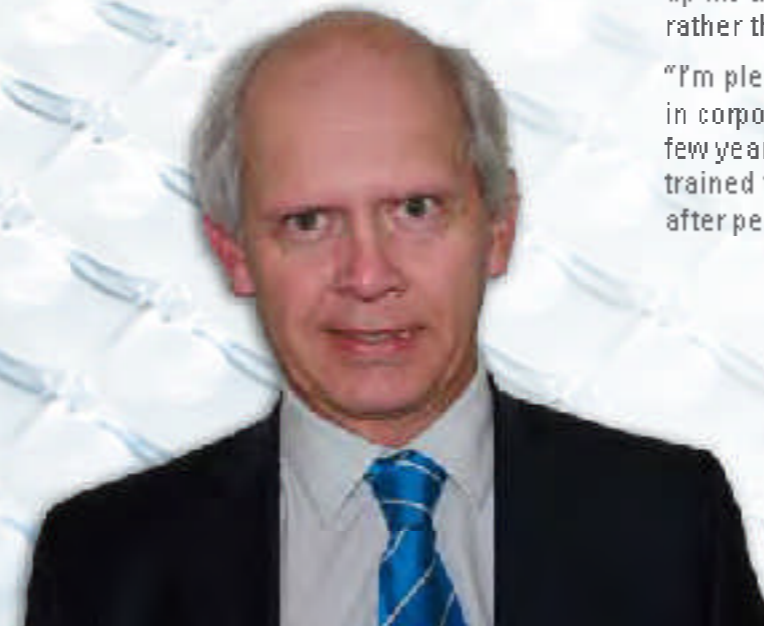
"As doctors at Healthscope, we currently enjoy a system which ensures the survival and enhancement of the best aspects of traditional General Practice - a personal and therapeutic relationship between doctor and patient, enhancing the doctors' knowledge of patients' maladies and circumstances, underpinned by a robust clinical record. But twenty first century practice demands more than this.

"It demands management of chronic disease supported by the best administration and technology, well equipped medical centres and most importantly, a co-operative and mutually supportive approach to patient care with our nursing colleagues.

A theme Dr Cookman returns to frequently is the role of general practice in the ongoing health needs of the population.

"We need doctors, nurses and allied health professionals to draw upon reliable population data to plan and institute health strategies that will alleviate the burden of chronic disease. We also need to evaluate our efforts, then compare and contrast them with our fellow professionals to continually improve our service.

"I am pleased to report that our practice - North Canberra Family Practice - has enrolled in the Divisions' Primary Care Collaborative Program. This program assists



general practitioners to acquire the skills needed to develop a successful modern practice. I hope to see many Healthscope Practices become similarly involved.

The former President of the ACT division of the General Practitioners, Dr Cookman said divergence of community health needs and the business demands of General Practice are a major challenge for doctors.

Having moved into corporate practice a few years ago, Dr Cookman is happy to have freed up his time to focus on his patients, rather than business.

"I'm pleased to have been working in corporate practice over the last few years, where I can do what I was trained to do, which is to try and look after people and their health issues.



Chief Operating Officer, Pathology, Paul Waterson with Dr James Cookman

"I didn't grow up learning how you make a business profitable so, from my point of view, it's good that that is handed over to others.

"Some people seem to enjoy that aspect of it, and move that way themselves, and become medical entrepreneurs and that's fair enough - your life takes you in different directions, but from a community point of view, what we need GPs doing is seeing patients," he said.

Dr Cookman said that he is looking forward to having the opportunity to provide a General Practitioner perspective and input to the development of the Healthscope network and working with all health professionals across the organisation to encourage progress during his tenure as Medical Director.

HEALTHSCOPE LABORATORIES TRAINING NEXT GENERATION OF SPECIALIST PATHOLOGISTS

Healthscope laboratories are employing and training the country's future specialists in the field of pathology.



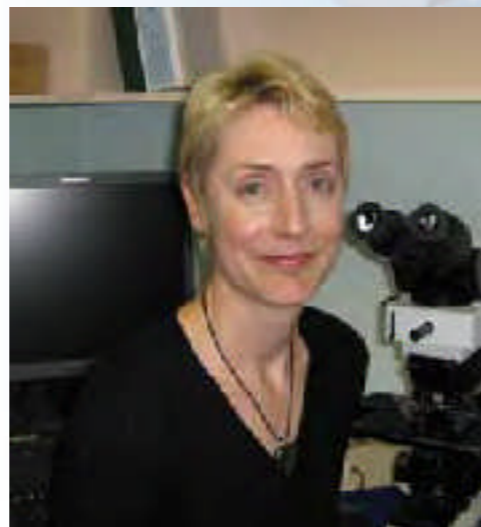
A/Professor Paul Ekert is training in Genetic Pathology

The pathology registrar program takes five years to complete during which time trainees complete technical and diagnostic components based in the laboratory and are examined by the Royal College of Pathologists of Australasia in the first, third and fifth years.

The Victorian laboratory has five registrars, including a Doctor of Medicine in Pathology from Sri Lanka, Kosala Liyanaarachchi, specialising in Anatomical Pathology. Kosala said she finds the work colourful and interesting.

In February Associate Professor Paul Ekert commenced the registrar program, specialising in Genetic Pathology. A/Prof Ekert, a paediatrician at Melbourne's Royal Children's Hospital and leading researcher in cancer genetics, believes becoming a pathologist is a meaningful way to combine clinical involvement with his research interests.

Also based in the Victorian laboratory, Dr Louise Prentice is specialising in Chemical Pathology, and Dr Linda Dreyer is nearing the end of her training in Microbiology.



Dr Linda Dreyer has almost completed registrar training

Dr Alex Du Guesclin is six weeks into her program in Anatomical Pathology at the Victorian facility and said it's a steep learning curve that she is very much enjoying.

In the NSW laboratory three registrars specialise in Anatomical Pathology - Iranian Dr Dariush Daneshvar, Dr Samantha Desilva Weerawardena and Dr Niroshana Wijayaratne, both originally from Sri Lanka. A fourth registrar, Dr Elizabeth Robbins is also involved in the program but has taken time out for maternity leave.

All registrars have already qualified as doctors and are expected to develop a high level of knowledge and expertise to specialise in their chosen area of pathology.

Healthscope's Chief Pathologist Tony Landgren said, "Healthscope has committed to training the next generation of specialist pathologists and medical scientists to ensure high quality diagnostic services continue to be available to the community.

"Healthscope also strongly supports the initiatives of the Federal and State governments and the Royal College of Pathologists to address the shortage of medical specialists and medical scientists particularly in rural and remote areas.



Dr Kosala Liyanaarachchi finds the training colourful and interesting



Dr Alex Du Guesclin enjoys learning Anatomical Pathology

Healthscope's laboratories in NSW, Victoria and South Australia are accredited by the Royal College of Pathologists of Australasia to train specialist pathologists. Senior scientists and specialist pathologists supervise the pathology registrars and oversee the training programmes.



Dr Louise Prentice is specialising in Chemical Pathology

Grants from the Department of Health and Aged Care support employment and training in Anatomical Pathology, Clinical Pathology and Genetics. Healthscope directly supports the registrar positions in specialist areas of Chemical Pathology and Microbiology.

Star Spot



Lynne White

Clinical Nurse Specialist at Ringwood Private Hospital's Day Chemotherapy Centre.

What is your current role at Healthscope?

My day-to-day role is to support chemotherapy patients and patients that come in for other types of treatments. I'm a specialist in the administration of chemotherapy and needles. You have to be really skilled at putting in IV cannulas and other access devices like ports and pick lines and things like that.

Education of patients and their families is also a big part of my role. Chemotherapy drugs are usually different to anything that they've experienced and education about the management of side effects can help.

What kind of services does your workplace provide?

We provide chemotherapy and haematological treatments such as blood transfusions and platelet transfusions.

You recently won a Healthscope Service Excellence Award for Innovation. Tell us about that.

I made up a portable chemotherapy reference system, which details the chemotherapy drugs used most commonly in this hospital. It includes the administration times and side effects for the drugs, so you can actually use it as a ready reference while looking after patients.

Because they're highly specialised drugs it's critical to get the delivery times right.

If a patient asked whether the drug was going to make them lose their hair and you weren't sure of the answer, you could flip through the reference system to check and tell them "yes you'll definitely lose your hair" or "no, but you'll have red urine for 48 hours".

How long have you worked in the role and what do you like most about it?

I've been in this role for two years and I like the fact that it's so diverse. I also like the fact that my patients are awake when I look after them. My parents wanted me to be a Theatre nurse, but I talk incessantly - how could I possibly work in Theatre where everyone is asleep?

The best part of my job is the need to combine my technical skills with my people skills. The challenge of the new drugs and the developments over the past 15 years are absolutely amazing. And I enjoy talking to the patients - we do a lot of recipe swaps.

What is the most interesting or unusual thing about it?

It is such a specialised field and the development of cancer treatment over the past 15 to 20 years is amazing and it's not just the chemotherapy drugs; it's things like biological modifiers, which actually change the relationship of cells to other cells so they don't divide.

How many people work there and what do they do?

24-3 people work at Ringwood Private, but in our area, we have three to four nurses and a ward clerk on every day, depending on how busy our patient list is.

What's the one question you get asked the most at work?

What are you doing on the weekend? Cancer patients like to hear about your plans and that you're making the most of every day.

What's your coffee and where do you get it?

I've got a proper coffee machine at home, so I bring a large travel mug of it to work every day.

What are your facility's opening hours?

The Day Chemotherapy Centre is open between 8:30 am and 6pm five days a week, but we can finish earlier or later depending on demand. Of course the hospital is open 24 hours a day.



L to R: Victorian State Manager for Healthscope Hospitals Nicole Waldron, award winning Clinical Nurse Specialist Lynne White, Nurse Unit Manager Maree Burmeister and Ringwood Private Hospital General Manager Sue Hewat.

COUNSELLING HELPS OSTOMATES COPE WITH LIFE CHANGE

Colorectal cancer, commonly called bowel cancer, is the second most common type of cancer in Australian men and women.

When a patient is diagnosed with bowel cancer and referred to a colorectal surgeon they are likely to be shell shocked and fearing the worst.

"It can be a very upsetting and uncertain time for the patient because there are preconceptions about what a cancer diagnosis will mean," said Allamanda Private Hospital colorectal surgeon Dr Michael von Papen.

In some cases the surgeon may need to remove diseased portions of bowel to treat the cancer. The bowel may then have to be rerouted

through an artificially created hole in the abdomen called a stoma.

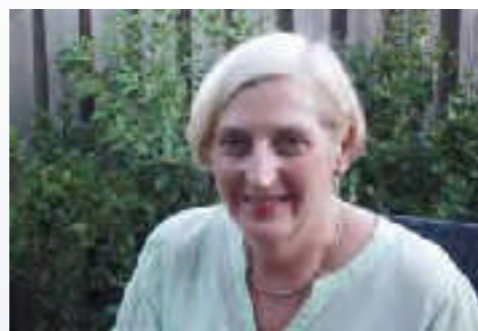
This type of surgery is called ostomy - a colostomy connects the colon to the abdominal wall, or an ileostomy connects the last part of the small intestine (ileum) to the abdominal wall.

The stoma may be permanent in the case of rectal cancer or serious injury, or it can be a temporary measure while the bowel recovers from infection or inflammation.

Reactions to the significant changes in the body's appearance and functionality will vary from patient to patient. Dr von Papen believes that providing patients with counselling early can help.

"Ostomy patients commonly have questions about changes to their lifestyle after surgery. It is important that all questions are heard and answered".

Once the patient is admitted to hospital they meet the Stomal Therapy Nurse that specialises in caring for patients that undergo surgery resulting in permanent or temporary urinary or intestinal diversion - also known as ostomates.



Stomal Therapy Nurse Elaine Lambie

Elaine Lambie has been a Stomal Therapy Nurse at Allamanda Private Hospital for 15 years.

"It can be a bit of a shock so we try to make the journey easier by showing the patient what to expect, how the pouch looks and where it's going to be on their stomach.

"We mark the best position for the stoma on the body, taking into consideration the shape of the stomach, their clothing and activities".

According to Elaine the appliances available today are both image and user friendly ensuring ostomates can still lead active lifestyles.

"A colostomy can be a life saving operation and most people cope really well. One of my old patients came back to visit years later and said I just wanted to let you know I'm still grateful for what you did".



Colorectal surgeon
Dr Michael von Papen

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Gambling Help Online provides live counselling and email support for anyone with a gambling concern. It is anonymous, confidential and available 24 hours a day, seven days a week.

There is information for health professionals about identifying and responding to problem gambling. Talk to someone online now about gambling concerns.

Visit www.gamblinghelponline.org.au or phone 1800 858 858 for immediate help 24 hours a day, seven days a week.

Gambling Help Online is a partner of the Allamanda Outpatient Gambling Centre, funded from state and territory and the Commonwealth.

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The building may have accommodated patients for 35 years, but The Hills Private Hospital as it now exists is less than a year old.

Last September, the existing acute and surgical services provided by the 'old' Hills Private Hospital were relocated to the new purpose-built facility, Norwest Private Hospital in Bella Vista.



Following that, The Hills Private Hospital has re-emerged as a Rehabilitation and Mental Health hospital, with both services not previously available at the hospital.

Charged with overseeing the transition, the hospital's General Manager Indra Wijetunga took great pride in commissioning the new facility.

She said there had been a lot of changes in recent months.

"The first change to come online was a fully refurbished 30-bed Rehabilitation Unit plus a fully equipped rehabilitation gymnasium, which has been operational since September 2009.

"After that, things progressed very quickly when we opened a fully refurbished 32-bed Mental Health unit in December.

"Strong demand for rehabilitation services saw the need for further expansion in March 2010, resulting in a further 30 Rehabilitation beds being opened following the refurbishment of another unit. We also commissioned a second rehabilitation gymnasium for day programs at the same time.

A Diagnostic Imaging Department commenced operation in December 2009.

Growth of the services offered by The Hills Private Hospital is not likely to stop there. In April an Eating Disorders Program will be added to existing mental health programs and planning is well underway to commission a rehabilitation pool with completion expected in August this year.

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HEALTHSCOPE SNAPSHOTS...

An unusual convergence of the worlds of work and family saw three 'Healthscope Children' rowing in the Wesley College Girls' First VIII.

From left to right, we have Emma Cook (daughter of Russell Cook, Director of Anaesthetics and member of the MAC at Knox Private); Sara Baker (daughter of Kate Baker, National Pharmacy Manager); and Antonia Niteros (daughter of Vivian Niteros, Front Office Manager at Knox Private).



Wesley College Rowing Girls

The good people at Darwin Private recently kicked up their heels with an afternoon tea to celebrate midwives at each end of their careers.

As well as paying tribute to retiring midwife Liz Ross, General Manager Darren Rogers and his team congratulated the newly qualified midwives that had just completed Darwin Private Hospital's first midwifery program.



Darwin Midwives Celebrated



Ringwood Graduates and Winners

It was a morning of celebration for nurse graduates and award winners alike at Ringwood Private Hospital.

Erin Cassidy graduated from the 2009 Graduate Nurse Program and colleagues from Ringwood Private's Macalister Ward, Melinda Sheridan, Katrina Wilson and Nurse Unit Manager Mandy Kavanagh were recognised with an award of excellence for their efforts in developing documents outlining new clinical care pathways for Palliative Care Patients. The hospital's General Manager Sue Hewat and Victorian State Manager Nicole Waldron presented the certificates and joined in celebrations with a morning tea.

THE LAST WORD...

Twelve months ago, we interviewed senior Victorian public servant Maria Katsonis, who had struggled at work, as she endeavoured to cope with everyday life without recognising the signs of depression.

After seeking help and being admitted to The Melbourne Clinic she underwent intensive treatment for more than five weeks and gradually became well again.



Maria Katsonis, co-creator of the Open Minds program.

With the strong support of family, friends and her employer, she emerged with an idea.

Marie told The Pulse that support was a vital ingredient to her recovery, but other patients at The Melbourne Clinic told her they were frightened about the possible outcome if their employers found out they were being treated for depression.

"I do have to pay credit to my employer; the support I had while I was in hospital was terrific, my employer would visit me, would call me, just to check in just to make sure that I was OK.

"In hospital it was different for some people; there was one guy I remember who worked in a very male dominated industry and he said he just couldn't go back to work after his illness; he had to make up an excuse because he wasn't sure how he was going to be treated," she said.

Marie said employers' attitudes to employees with depression

range from being supportive and understanding to those who still don't understand the implications of the illness or the importance of returning to work which plays a critical role in recovery from a mental illness.

Off the back of her experience, Maria joined forces with colleague Sally Gibson to work together to provide peer support to Victorian Public Service employees with mental health issues or caring for someone with mental health issues, a program which was soon formalised as Open Minds.

Based on a similar model to Alcoholics Anonymous, Open Minds provides support for both employees and managers, based on shared experience and also works to decrease the stigma associated with mental illness.

What a wonderful example of someone doing more than turning their life around - helping others facing even greater adversity.

IN THE NEXT ISSUE OF
thePulse

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